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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| EASTERN DISTRICT OF VIRGINIA                    | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |   |
|-----|--|---|---|
|     |  | About Debtor 1:                                   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).        | Jessica First name S. Middle name                 | First name  Middle name                       |
|     | Bring your picture identification to your meeting with the trustee.  | Gonzalez Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  | FKA Jessica S. Serrano                            |   |
|     | Include your married or maiden names.  |   |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-4420                                       |   |

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Debtor 1 **Jessica S. Gonzalez** 

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |
|    | doing business as names  | Busiless Haille(s)  | Busilless Hallie(s)  |
|    |  | EINs  | EINs   |
| 5. | Where you live   | 6210 Anna Park Dr. #103   | If Debtor 2 lives at a different address:  |
|    |  | Midlothian, VA 23112  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Chesterfield  | rumbol, ottoot, ony, ottato a 2.11 oodo  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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Debtor 1 **Jessica S. Gonzalez** 

Case number (if known)

| Par | Tell the Court About  | Your E     | 3ankruptcy Ca                 | se                                  |   |   |  |
|-----|---|------------|-------------------------------|-------------------------------------|---|---|--|
| 7.  | The chapter of the<br>Bankruptcy Code you are   |            |                               |                                     | n of each, see <i>Notice Requ</i> or<br>of page 1 and check the app | ired by 11 U.S.C. § 342(b) for In<br>propriate box. | ndividuals Filing for Bankruptcy   |
|     | choosing to file under  | <b>■</b> c | Chapter 7                     |                                     |   |   |  |
|     |   |            | Chapter 11                    |                                     |   |   |  |
|     |   | _          | hapter 12                     |                                     |   |   |  |
|     |   |            | hapter 13                     |                                     |   |   |  |
|     |   |            |                               |                                     |   |   |  |
| 8.  | How you will pay the fee  |            | about how yo                  | u may pay. Ty<br>attorney is sub    | pically, if you are paying the                                      | e fee yourself, you may pay with                    | n your local court for more details<br>n cash, cashier's check, or money<br>ay with a credit card or check with                  |
|     |   |            |                               |                                     | stallments. If you choose thats (Official Form 103A).               | nis option, sign and attach the A                   | pplication for Individuals to Pay  |
|     |   |            | but is not requapplies to you | uired to, waive<br>ur family size a | your fee, and may do so or<br>nd you are unable to pay th           | nly if your income is less than 19                  | Chapter 7. By law, a judge may, 50% of the official poverty line that cose this option, you must fill out it with your petition. |
|     |   |            |                               |                                     |   |   |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ N        |                               |                                     |   |   |  |
|     | iast o years?   | □ Y        |                               |                                     | When  | Coop num  | phor   |
|     |   |            | District<br>District          |                                     | When<br>When  | Case num<br>Case num                                | -1   |
|     |   |            | District                      |                                     | When  | Case num  |  |
|     |   |            | District                      |                                     | WINGII  | Case Hull   |  |
| 10. | Are any bankruptcy cases pending or being   | ■ N        | 0                             |                                     |   |   |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Y        | es.                           |                                     |   |   |  |
|     |   |            | Debtor                        |                                     |   | Relationshi   | ip to you  |
|     |   |            | District                      |                                     | When  | Case numb   | per, if known  |
|     |   |            | Debtor                        |                                     |   | Relationshi   | ip to you  |
|     |   |            | District                      |                                     | When  | Case numb   | per, if known  |
| 11. | Do you rent your  | □N         | o. Go to li                   | ine 12.                             |   |   |  |
|     | residence?  | ■ Y        | es. Has yo                    | ur landlord obt                     | ained an eviction judgment  | against you and do you want to                      | stay in your residence?  |
|     |   |            | •                             | No. Go to line                      | 12.   |   |  |
|     |   |            | _                             |                                     | nitial Statement About an E   | viction Judgment Against You (I                     | Form 101A) and file it with this   |
|     |   |            |                               |                                     |   |   |  |

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|          |                     | Document | raut 4 UI UZ |                        |
|----------|---------------------|----------|--------------|------------------------|
| Debtor 1 | Jessica S. Gonzalez |          | 9            | Case number (if known) |

| art | 3: Report About Any Bu  | sinesses ` | You Own                     | as a Sole Proprieto                           | or  |
|-----|---|------------|-----------------------------|---|---|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to                       | Part 4.                                       |   |
|     |   | ☐ Yes.     | Name                        | and location of busi                          | iness   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            | Name                        | of business, if any                           |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |            | Numb                        | er, Street, City, State                       | e & ZIP Code  |
|     | it to this petition.  |            | Check                       |   | x to describe your business:  |
|     |   |            |                             |   | ness (as defined in 11 U.S.C. § 101(27A))   |
|     |   |            |                             | Single Asset Real                             | Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |            |                             | Stockbroker (as de                            | efined in 11 U.S.C. § 101(53A))   |
|     |   |            |                             | Commodity Broker                              | r (as defined in 11 U.S.C. § 101(6))  |
|     |   |            |                             | None of the above                             |   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines  | s. If you in<br>s, cash-flo | dicate that you are a<br>ow statement, and fe | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.      | I am n                      | ot filing under Chapt                         | ter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am fi<br>Code.            | •   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.     | I am fi                     | ling under Chapter 1                          | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
| art | 4: Report if You Own or   | Have Any   | Hazardo                     | us Property or Any                            | y Property That Needs Immediate Attention   |
| 14. | Do you own or have any  | ■ No.      |                             |   |   |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.     | What is t                   | he hazard?                                    |   |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |            |                             | iate attention is why is it needed?           |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |            | Where is                    | the property?                                 | Number, Street, City, State & Zip Code  |
|     |   |            |                             |   |   |

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Debtor 1 Jessica S. Gonzalez

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 62 Case number (if known) Debtor 1 Jessica S. Gonzalez Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jessica S. Gonzalez

Signature of Debtor 2

Executed on

Jessica S. Gonzalez Signature of Debtor 1

Executed on July 6, 2017

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Debtor 1 Jessica S. Gonzalez

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christopher M. Winslow                              | Date          | July 6, 2017       |
|---|---------------|--------------------|
| Signature of Attorney for Debtor                        |               | MM / DD / YYYY     |
| Christopher M. Winslow Printed name                     |               |                    |
| Winslow & McCurry, PLLC Firm name                       |               |                    |
| 1324 Sycamore Square Suite 202C<br>Midlothian, VA 23113 |               |                    |
| Number, Street, City, State & ZIP Code                  |               |                    |
| Contact phone <b>804-423-1382</b>                       | Email address | chris@wmmlegal.com |
| 76156   |               |                    |
| Bar number & State                                      |               |                    |

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| Debtor 1            | mation to identify your<br>Jessica S. Gonza |                    |             |                                    |
|---------------------|---|--------------------|-------------|------------------------------------|
|                     | First Name                                  | Middle Name        | Last Name   |                                    |
| Debtor 2            |   |                    |             |                                    |
| (Spouse if, filing) | First Name                                  | Middle Name        | Last Name   |                                    |
| United States Ba    | ankruptcy Court for the:                    | EASTERN DISTRICT C | OF VIRGINIA |                                    |
| (if known)          |   |                    |             | Check if this is an amended filing |

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file

|     |  |             | ssets<br>of what you own |
|-----|--|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 25,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 21,530.97                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 46,530.97                |
| Pai | t 2: Summarize Your Liabilities  |             |                          |
|     |  |             | iabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 91,756.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 138,553.00               |
|     | Your total liabilities   | \$          | 230,309.00               |
| Pai | t 3: Summarize Your Income and Expenses  |             |                          |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,999.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 7,320.00                 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Jessica S. Gonzalez

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9,173.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim       |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |          |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$       | 63,622.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 63,622.00 |

|        | Case 17-33  |                            |                      | Doc        |  | Page 10 of 62  |  |  |  |                         |   |
|--------|---|----------------------------|----------------------|------------|--|--|--|--|--|-------------------------|---|
| -111   | n this information to   | o identify y               | our case and th      | nis filing | g:   |  |  |  |  |                         |   |
| Deb    |   | sica S. Go                 | nzalez               |            |  |  |  |  |  |                         |   |
| D-1-   | First N   | ame                        | Middle               | e Name     |  | Last Name  |  |  |  |                         |   |
|        | tor 2<br>use, if filing) First N  | ame                        | Middle               | e Name     |  | Last Name  |  |  |  |                         |   |
| Jnite  | ed States Bankruptcy  | Court for th               | ne: EASTERN          | DISTRI     | CT OF VIRO   | GINIA  |  |  |  |                         |   |
| Case   | e number  |                            |                      |            |  | <u> </u>   |  |  |  |                         | Check if this is  |
| _      | icial Form 10   |                            | oportv               |            |  |  |  |  |  |                         | 12/1  |
| eac    | ch category, separately it fits best. Be as com   | list and des               | scribe items. List a | le. If two | married peop   | If an asset fits in more thar<br>ple are filing together, both<br>the top of any additional p  | h are equa   | ally respo   | nsible for su  | ıpplyi                  | ategory where y   |
|        | er every question.  | ·                          | ·                    |            |  | Own or Have an Interest In   |  |  |  |                         |   |
|        | No. Go to Part 2.   |                            | itable interest in a | any resid  | lence, buildin   | ng, land, or similar property  | y?   |  |  |                         |   |
| □      |   |                            | itable interest in a |            |  |  | y?   |  |  |                         |   |
| □      | No. Go to Part 2.   | erty?                      |                      |            | is the prope<br>Single-famil<br>Duplex or m  | rty? Check all that apply  | Do<br>the  | e amount   | of any secure  | ed clair                | or exemptions. Pu<br>ms on <i>Schedule L</i><br>cured by Property             |
| □      | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood A  Street address, if available,                               | Ave. A29 , or other descri | iption<br>12601-0000 | What       | s is the prope<br>Single-famil<br>Duplex or m<br>Condominiu<br>Manufacture<br>Land   | orty? Check all that apply by home nulti-unit building am or cooperative ed or mobile home   | Do<br>the<br>Cr  | e amount of editors W  | of any secure tho Have Clain ue of the erty?   | ed clair<br>ms Se<br>Cu | rrent value of the rtion you own?   |
| □<br>■ | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood A  Street address, if available,                               | Ave. A29                   | iption               | What       | s is the prope<br>Single-famil<br>Duplex or m<br>Condominiu<br>Manufacture   | orty? Check all that apply by home nulti-unit building am or cooperative ed or mobile home   | Doc the Cr   | e amount of editors W.  urrent valitire proposesscribe thuch as fee                              | of any secure the Have Clain use of the entry?  0,000.00  e nature of ye simple, ten             | ed clair ms Se  Cu por  | ms on Schedule Lecured by Property  |
| □<br>■ | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood A  Street address, if available,                               | Ave. A29 , or other descri | iption<br>12601-0000 | What       | Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an interes   | Prty? Check all that apply by home nulti-unit building am or cooperative ed or mobile home property  | Do the Cr  | e amount of editors W.  urrent valitire proposesscribe thuch as fee                              | of any secure tho Have Clain ue of the erty? 0,000.00 e nature of y                              | ed clair ms Se  Cu por  | rrent value of the tion you own? \$25,000 whership interes                    |
| □<br>■ | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood A  Street address, if available,                               | Ave. A29 , or other descri | iption<br>12601-0000 | What       | Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an intered   | orty? Check all that apply by home nulti-unit building um or cooperative ed or mobile home property est in the property? Check o   | Do the Cr  | e amount of editors W.  urrent valitire proposesscribe thuch as fee                              | of any secure the Have Clain use of the entry?  0,000.00  e nature of ye simple, ten             | ed clair ms Se  Cu por  | rrent value of the tion you own? \$25,000 whership interes                    |
| □<br>■ | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood A  Street address, if available,  Poughkeepsie  City           | Ave. A29 , or other descri | iption<br>12601-0000 | What       | s is the prope Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an intere Debtor 1 on                       | orty? Check all that apply by home nulti-unit building um or cooperative ed or mobile home property est in the property? Check o   | Do the Cr  | e amount editors W.  urrent valitire prope \$5  escribe thuch as fee estate                      | of any secure the Have Clain use of the erty?  0,000.00  e nature of ye simple, ten ), if known. | Cu<br>poi               | rrent value of the tion you own? \$25,000 whership interest by the entireties |
| □<br>■ | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood a  Street address, if available,  Poughkeepsie  City  Dutchess | Ave. A29 , or other descri | iption<br>12601-0000 | What       | Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an intere Debtor 1 on Debtor 2 on Debtor 1 an At least one | orty? Check all that apply by home hulti-unit building um or cooperative ed or mobile home property  est in the property? Check of by ly ly d Debtor 2 only e of the debtors and another | Doc the control of th | e amount editors W  irrent valitire propi \$50 escribe th uch as fer ife estate  Check (see inst | of any secure ho Have Clain use of the enty?  0,000.00  e nature of ye simple, ten h, if known.  | Cu<br>poi               | rrent value of the tion you own? \$25,000 whership interest by the entireties |
|        | No. Go to Part 2.  Yes. Where is the prop  250 Beechwood a  Street address, if available,  Poughkeepsie  City  Dutchess | Ave. A29 , or other descri | iption<br>12601-0000 | What       | Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an intere Debtor 1 on Debtor 2 on Debtor 1 an At least one | orty? Check all that apply ly home nulti-unit building um or cooperative ed or mobile home property est in the property? Check o   | Doc the control of th | e amount editors W  irrent valitire propi \$50 escribe th uch as fer ife estate  Check (see inst | of any secure ho Have Clain use of the enty?  0,000.00  e nature of ye simple, ten h, if known.  | Cu<br>poi               | rrent value of the tion you own? \$25,000 whership interest by the entireties |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debto        | Jessica S. Gonzalez  |  | ase number (if known)      |   |
|--------------|--|--|----------------------------|---|
| 3. <b>Ca</b> | rs, vans, trucks, tractors, sport utility ve   | ehicles, motorcycles   |                            |   |
|              | No   |  |                            |   |
|              | Yes  |  |                            |   |
|              |  |  |                            |   |
| 3.1          | Make: BMW  | Who has an interest in the property? Check one   |                            | claims or exemptions. Put red claims on <i>Schedule D:</i>                        |
|              | Model: X5  | ☐ Debtor 1 only  |                            | aims Secured by Property.   |
|              | Year: 2006   | Debtor 2 only  | Current value of the       | Current value of the  |
|              | Approximate mileage: 80K+  | Debtor 1 and Debtor 2 only   | entire property?           | portion you own?  |
|              | Other information:   | At least one of the debtors and another  |                            |   |
|              | NADA value   | Check if this is community property (see instructions)   | \$7,650.00                 | \$3,825.00  |
| 3.2          | Make: Honda  | Who has an interest in the property? Check one   |                            | claims or exemptions. Put red claims on Schedule D:                               |
|              | Model: Accord  | Debtor 1 only  | Creditors Who Have Cl      | aims Secured by Property.   |
|              | Year: 2012   | Debtor 2 only  | Current value of the       | Current value of the  |
|              | Approximate mileage: 90K+ Other information:   | Debtor 1 and Debtor 2 only   | entire property?           | portion you own?  |
|              | NADA value   | At least one of the debtors and another  |                            |   |
|              | NADA Value   | Check if this is community property (see instructions)   | \$8,200.00                 | \$4,100.00  |
|              |  | n for all of your entries from Part 2, including ar  |                            | \$7,925.00  |
|              | <b>3,</b>  |  |                            |   |
|              | Describe Your Personal and Household It  |  |                            |   |
|              | ou own or have any legal or equitable in   | terest in any of the following items?  |                            | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex           | usehold goods and furnishings<br>camples: Major appliances, furniture, linens<br>No                                  | s, china, kitchenware  |                            |   |
|              | Yes. Describe  |  |                            |   |
|              | Beds (3), dress<br>misc. househol  | ers (2), couch, chairs (2), kitchen table & cl<br>ld goods   | hairs,                     | \$600.00  |
| Ex           | ectronics<br>camples: Televisions and radios; audio, vid<br>including cell phones, cameras, n<br>No<br>Yes. Describe | eo, stereo, and digital equipment; computers, printe<br>nedia players, games   | rs, scanners; music collec | tions; electronic devices   |
|              | TVs (2), tablets   | (3), laptops (3) & printer   |                            | \$500.00  |
|              |  | A CONTRACTOR OF THE CONTRACTOR | I                          |   |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

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|--------------|---|------------------|---------------|---------------------------------------|---|--------------|---|
| Debtor 1     | Jessica S. G  | onzalez          |               | Document                              | Page 12 of 62 Case number (i                                  | f known)     |   |
| ☐ Ye         | s. Describe   |                  |               |                                       |   |              |   |
| Exam         | ment for sports ar<br>ples: Sports, photo<br>musical instru             | graphic, exerci  | ise, and othe | er hobby equipment;                   | bicycles, pool tables, golf clubs, skis;                      | canoes and   | kayaks; carpentry tools;  |
| ■ No<br>□ Ye | s. Describe   |                  |               |                                       |   |              |   |
| ■ No         |   | s, shotguns, an  | nmunition, a  | nd related equipmen                   | t   |              |   |
| □ No         | mples: Everyday clo   | othes, furs, lea | ther coats, o | lesigner wear, shoes                  | , accessories   |              |   |
| ■ Ye         | s. Describe   |                  |               |                                       |   |              |   |
|              |   | Women's 8        | & children'   | 's clothing                           |   |              | \$300.00  |
| □ No         | mples: Everyday je  | welry, costume   | e jewelry, en | gagement rings, wed                   | ding rings, heirloom jewelry, watches,                        | gems, gold,  | silver  |
|              | ■ Yes. Describe  Wedding and Engagement Rings, costume jewelry \$325.00 |                  |               |                                       |   |              |   |
| Exai         | farm animals mples: Dogs, cats, l                                       |                  |               |                                       |   |              | <b>*</b> 50.00  |
|              |   | Dog              |               |                                       |   |              | \$50.00   |
| ■ No         | s. Give specific info   | ormation         | ·             |                                       | ncluding any health aids you did no                           |              |   |
|              |   | -                |               | n Part 3, including a                 | ny entries for pages you have attac                           | hed          | \$1,775.00  |
| Part 4:      | Describe Your Finance   | cial Assets      |               |                                       |   |              |   |
| Do you       | own or have any lo  | egal or equita   | ble interest  | in any of the follow                  | ring?   |              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No         | mples: Money you h  |                  |               | home, in a safe depo                  | osit box, and on hand when you file yo                        | our petition |   |
|              |   |                  |               | ccounts; certificates on the same ins | of deposit; shares in credit unions, bro titution, list each. | kerage hous  | ses, and other similar  |
| ■ Ye         | s   |                  |               | Institution r                         | name:   |              |   |

Official Form 106A/B Schedule A/B: Property page 3

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Page 13 of 62 Case number (if known) Document Debtor 1 Jessica S. Gonzalez 17.1. Checking **C&F Bank** \$380.52 **Union 1st Market** (balance: \$1,978.84 rent check pending for \$69.42 Checking \$1,840.00) 17.2. Checking & **Hudson Valley Federal Credit Union** \$4.01 **Savings Account** 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: **VRS** Pension \$8,240.04 457 **Chesterfield County Deferred Comp** \$2,076.66 **IRA** Charles Schwab & Co Inc. \$951.32 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: Yes. ..... \$99.00 Rental deposit **Security Deposit** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

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|     |               | Case 17-33414   | 4-KLP          | Doc 1        |  |           | Entered 07<br>e 14 of 62 | /06/17 08:31:11              | Desc Main  |
|-----|---------------|---|----------------|--------------|--|-----------|--------------------------|------------------------------|--|
| De  | btor 1        | Jessica S. Gonz   | zalez          |              | Boodinent  | · ag      | C                        | ase number (if known)        |  |
|     | Trust<br>■ No | s, equitable or future  | interests i    | n property   | (other than anything                                   | g listed  | d in line 1), and        | rights or powers exercis     | sable for your benefit   |
|     | ☐ Yes         | s. Give specific inform   | ation about    | them         |  |           |                          |                              |  |
|     | Exan          | nts, copyrights, trade  | names, wel     | osites, prod |  |           |                          | s                            |  |
|     |               | s. Give specific inform   |                |              |  |           |                          |                              |  |
|     |               | nses, franchises, and<br>mples: Building permits                      |                |              |  | holdir    | gs, liquor license       | es, professional licenses    |  |
|     | ☐ Yes         | s. Give specific inform   | ation about    | them         |  |           |                          |                              |  |
| Мо  | oney o        | r property owed to yo   | ou?            |              |  |           |                          |                              | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     | _             | efunds owed to you  |                |              |  |           |                          |                              | ·  |
|     | □ No<br>■ Yes | s. Give specific informa  | ation about t  | hem, includ  | ding whether you alrea                                 | ady file  | d the returns and        | d the tax years              |  |
|     |               | ·   |                | ,            | ,  | ,         |                          | •                            |  |
|     |               |   |                | ind          | leral and State Inco<br>cluding tax year 20<br>ceived) |           |                          | Federal & State              | \$0.00   |
|     |               |   |                |              |  |           |                          |                              |  |
| 29. |               | <b>ly support</b><br>nples: Past due or lum                           | p sum alimo    | ny, spousa   | al support, child suppo                                | rt, mai   | ntenance, divorc         | e settlement, property set   | tlement  |
|     | ■ No          |   |                |              |  |           |                          |                              |  |
|     | ⊔ Yes         | s. Give specific informa  | ation          |              |  |           |                          |                              |  |
|     | Exan          | r amounts someone on<br>apples: Unpaid wages, on<br>benefits; unpaid  | disability ins |              |  | efits, si | ck pay, vacation         | pay, workers' compensat      | ion, Social Security   |
|     | ■ No<br>□ Yes | s. Give specific inform   | ation          |              |  |           |                          |                              |  |
|     |               | ests in insurance poli  |                |              |  |           |                          |                              |  |
|     |               |   |                | ırance; hea  | lth savings account (F                                 | HSA); d   | credit, homeowne         | er's, or renter's insurance  |  |
|     | ■ Yes         | s. Name the insurance   | company of     |              | ry and list its value.                                 |           | Beneficiary              | <i>r</i> ·                   | Surrender or refund  |
|     |               |   | Company        | namo.        |  |           | Dononolary               | ,-                           | value:   |
|     |               |   |                | n Genera     | l Life Insurance: T                                    | erm       | <b>51</b>                | •                            | <b>*</b> 0.00  |
| _   |               |   | Life           |              |  |           | Edwin G                  | onzaiez<br>                  | \$0.00   |
|     | If you some   | interest in property th<br>u are the beneficiary of<br>eone has died. |                |              |  |           | e policy, or are c       | urrently entitled to receive | property because   |
|     | ■ No<br>□ Yes | s. Give specific inform   | ation          |              |  |           |                          |                              |  |
|     | 168           | s. Give specific illiottil  | adori          |              |  |           |                          |                              |  |
|     | Exan          | ns against third partie<br>mples: Accidents, empl                     |                |              |  |           | ade a demand fo          | or payment                   |  |
|     | ■ No<br>□ Yes | s. Describe each claim  | ١              |              |  |           |                          |                              |  |
|     | 50            |   |                |              |  |           |                          |                              |  |

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|-----------------------------|---|-------------------------|---------------------|--------------------|------------|-----------------------------------|-------------------------|
| Debtor                      | Jessica S. Gonzalez   |                         | Document            | Page 1             | .5 OT<br>- | Case number (if known)            |                         |
| 34. <b>Oth</b>              | er contingent and unliquidated  | claims of eve           | ry nature, includ   | ding counterd      | laims      | of the debtor and rights to s     | et off claims           |
| ■ N                         | -   |                         |                     |                    |            |                                   |                         |
| □ Y                         | es. Describe each claim   |                         |                     |                    |            |                                   |                         |
| 35. <b>Any</b>              | r financial assets you did not alr  | eady list               |                     |                    |            |                                   |                         |
| _                           | es. Give specific information   |                         |                     |                    |            |                                   |                         |
|                             | cs. Give specific information   |                         |                     |                    |            |                                   |                         |
|                             |   |                         |                     |                    |            | eceive or become                  |                         |
|                             |   |                         |                     |                    |            | bankruptcy case<br>ent agreement, |                         |
|                             |   |                         |                     |                    |            | any life insurance                |                         |
|                             |   | policy.                 | ·                   |                    |            | •                                 | \$10.00                 |
|                             |   |                         |                     |                    |            |                                   |                         |
| 36 <b>Δ</b> α               | dd the dollar value of all of your  | entries from            | Part 4 including    | any entries        | for na     | nes you have attached             |                         |
|                             | r Part 4. Write that number here.   |                         |                     |                    |            |                                   | \$11,830.97             |
|                             |   |                         |                     |                    |            | _                                 |                         |
| Part 5:                     | Describe Any Business-Related Pro   | perty You Owr           | or Have an Intere   | est In. List any i | eal est    | ate in Part 1.                    |                         |
| 37. <b>Do y</b>             | ou own or have any legal or equitab                                       | le interest in ar       | ny business-related | d property?        |            |                                   |                         |
| ■ No                        | . Go to Part 6.   |                         |                     |                    |            |                                   |                         |
| ☐ Ye                        | s. Go to line 38.   |                         |                     |                    |            |                                   |                         |
|                             |   |                         |                     |                    |            |                                   |                         |
|                             |   |                         |                     |                    |            |                                   |                         |
| Part 6:                     | Describe Any Farm- and Commercial If you own or have an interest in farml |                         |                     | Own or Have a      | ıIntere    | est In.                           |                         |
|                             | ·   |                         |                     |                    |            |                                   |                         |
|                             | you own or have any legal or eq   | uitable intere          | est in any farm- o  | or commercia       | l fishii   | ng-related property?              |                         |
| _                           | No. Go to Part 7.   |                         |                     |                    |            |                                   |                         |
| Ш                           | Yes. Go to line 47.   |                         |                     |                    |            |                                   |                         |
|                             |   |                         |                     |                    |            |                                   |                         |
| Part 7:                     | Describe All Property You Own   | n or Have an In         | terest in That You  | Did Not List Al    | ove        |                                   |                         |
| 53. <b>Do</b> :             | you have other property of any  | kind you did ı          | not already list?   |                    |            |                                   |                         |
| _                           | amples: Season tickets, country cl  | ub membershi            | p                   |                    |            |                                   |                         |
| ■ N                         |   |                         |                     |                    |            |                                   |                         |
| ЦΥ                          | es. Give specific information   |                         |                     |                    |            |                                   |                         |
| 54 <b>A</b> c               | dd the dollar value of all of your  | entries from            | Part 7 Write tha    | ıt number her      | _          |                                   | \$0.00                  |
| о <del>т</del> . <b>А</b> с | ad the donar value of all of your   | citates irom            | r art 7. Write tha  | it mannber mer     |            |                                   | φυ.υυ                   |
| Part 8:                     | List the Totals of Each Part of the                                       | his Form                |                     |                    |            |                                   |                         |
| rait o.                     | List the Totals of Laciff art of the                                      |                         |                     |                    |            |                                   |                         |
| 55. <b>Pa</b>               | art 1: Total real estate, line 2  |                         |                     |                    |            |                                   | \$25,000.00             |
| 56. <b>Pa</b>               | art 2: Total vehicles, line 5   |                         | -                   | \$7,92             | 5.00       |                                   |                         |
| 57. <b>Pa</b>               | art 3: Total personal and househ  | old items, lin          | e 15                | \$1,77             | 5.00       |                                   |                         |
| 58. <b>Pa</b>               | art 4: Total financial assets, line                                       | 36                      | -                   | \$11,83            | 0.97       |                                   |                         |
|                             | art 5: Total business-related pro   |                         | -                   |                    | 0.00       |                                   |                         |
|                             | art 6: Total farm- and fishing-rela                                       |                         | , line 52           |                    | 0.00       |                                   |                         |
| 61. <b>P</b> a              | art 7: Total other property not lis                                       | sted, line 54           | + .                 | \$                 | 0.00       |                                   |                         |
| 62. <b>T</b> c              | otal personal property. Add lines   | 56 through 61           |                     | \$21,53            | 0.97       | Copy personal property total      | sal <b>\$21,530.9</b> 7 |
| 63. <b>T</b> o              | otal of all property on Schedule  | <b>A/B</b> . Add line ! | 55 + line 62        |                    |            |                                   | \$46,530.97             |
|                             |   |                         | <del>-</del>        |                    |            |                                   | Ψ-10,000.01             |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor     | mation to identify your  | case:              |            |  |
|------------------------|--------------------------|--------------------|------------|--|
| Debtor 1               | Jessica S. Gonza         | llez               |            |  |
|                        | First Name               | Middle Name        | Last Name  |  |
| Debtor 2               |                          |                    |            |  |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name  |  |
| United States Ba       | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA |  |
| Case number (if known) |                          |                    |            |  |
|                        |                          |                    |            |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own |      |   | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec | ck only one box for each exemption.                             |                                    |
| 2006 BMW X5 80K+ miles<br>NADA value   | \$3,825.00                           |      | \$908.00  | Va. Code Ann. § 34-26(8)           |
| Line from Schedule A/B: 3.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2012 Honda Accord 90K+ miles<br>NADA value   | \$4,100.00                           | •    | \$953.00  | Va. Code Ann. § 34-26(8)           |
| Line from Schedule A/B: 3.2  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Beds (3), dressers (2), couch, chairs (2), kitchen table & chairs, misc.               | \$600.00                             |      | \$600.00  | Va. Code Ann. § 34-26(4a)          |
| household goods<br>Line from Schedule A/B: 6.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| TVs (2), tablets (3), laptops (3) & printer  | \$500.00                             |      | \$500.00  | Va. Code Ann. § 34-26(4a)          |
| Line from Schedule A/B: 7.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Women's & children's clothing Line from Schedule A/B: 11.1                             | \$300.00                             |      | \$300.00  | Va. Code Ann. § 34-26(4)           |
| Ello IIom Johodulo 7/D. 1111   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

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| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | • • |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |  |
| Wedding and Engagement Rings, costume jewelry  | \$325.00                             |     | \$300.00  | Va. Code Ann. § 34-26(1a)          |  |
| Line from Schedule A/B: 12.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Dog Line from Schedule A/B: 13.1   | \$50.00                              |     | \$50.00   | Va. Code Ann. § 34-26(5)           |  |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: C&F Bank Line from Schedule A/B: 17.1  | \$380.52                             |     | \$380.52  | Va. Code Ann. § 34-4               |  |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking: Union 1st Market (balance: \$1,978.84 rent check   | \$69.42                              |     | \$69.42   | Va. Code Ann. § 34-4               |  |
| pending for \$1,840.00)<br>Line from Schedule A/B: 17.2  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Checking & Savings Account:<br>Hudson Valley Federal Credit Union  | \$4.01                               | •   | \$4.01  | Va. Code Ann. § 34-4               |  |
| Line from Schedule A/B: 17.3   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Pension: VRS Line from Schedule A/B: 21.1  | \$8,240.04                           |     | \$8,240.04  | Va. Code Ann. § 34-34              |  |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 457: Chesterfield County Deferred Comp   | \$2,076.66                           |     | \$2,076.66  | Va. Code Ann. § 34-34              |  |
| Line from Schedule A/B: 21.2   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| IRA: Charles Schwab & Co Inc. Line from Schedule A/B: 21.3   | \$951.32                             |     | \$951.32  | Va. Code Ann. § 34-34              |  |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Rental deposit: Security Deposit Line from Schedule A/B: 22.1  | \$99.00                              |     | \$1.00  | Va. Code Ann. § 34-4               |  |
|  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Federal & State: All Federal and State Income Tax Returns including tax  | \$0.00                               |     | \$1.00  | Va. Code Ann. § 34-4               |  |
| year 2016 (\$1,356.00 received)<br>Line from <i>Schedule A/B</i> : <b>28.1</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Any interest in any property that I may receive or become entitled to  | \$10.00                              |     | \$1.00  | Va. Code Ann. § 34-4               |  |
| receive within 180 days of my bankruptcy case filing as a result of any property settlement agreement, divorce, inheritance, or any proceeds of any life insurance policy.  Line from Schedule A/B: 35.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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| 3. | -    | claiming a homestead exemption of more than \$160,375? to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |
|----|------|---|
|    | No   |   |
|    | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case?   |
|    |      | No  |
|    |      | Yes   |

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|   |                       | Document   | Page 19           | 9 of 62                                   |                           |                   |
|---|-----------------------|--|-------------------|---|---------------------------|-------------------|
| Fill in this information  | to identify you       | r case:  |                   |   |                           |                   |
| Debtor 1 Jes  | sica S. Gonz          | 202  |                   |   |                           |                   |
|   | Name                  | Middle Name  | Last Name         |   | -                         |                   |
| Debtor 2  |                       |  |                   |   |                           |                   |
| (Spouse if, filing) First   | Name                  | Middle Name  | Last Name         |   | -                         |                   |
| United States Bankrupto   | v Court for the:      | EASTERN DISTRICT OF VIRO   | SINIA             |   |                           |                   |
| Officed States Barikrupto   | y Court for the.      | EASTERN BISTRICT OF VIRC   | 3114IA            |   | -                         |                   |
| Case number   |                       |  |                   |   |                           |                   |
| (if known)  |                       |  |                   |   | ☐ Check                   | if this is an     |
|   |                       |  |                   |   | amend                     | led filing        |
| <b></b>   | _                     |  |                   |   |                           |                   |
| Official Form 106   | <u>SD</u>             |  |                   |   |                           |                   |
| Schedule D: C   | reditors              | Who Have Claims  | Secure            | d by Propert                              | V                         | 12/15             |
|   |                       |  |                   | <u> </u>                                  | <del> </del>              |                   |
|   |                       | f two married people are filing togeth<br>out, number the entries, and attach it |                   |   |                           |                   |
| number (if known).  | onai i age, illi it o | nut, number the entries, and attach it   | to this form. O   | in the top of any addition                | nai pages, write your nai | ne and case       |
| 1. Do any creditors have cl   | aims secured by       | your property?   |                   |   |                           |                   |
| `   | •                     | is form to the court with your other   | schedules Y       | ou have nothing else t                    | to report on this form    |                   |
| _   |                       | •  | Soricadies. 1     | od nave nothing clock                     | to report our time form.  |                   |
| Yes. Fill in all of the second representation of the second representation. | he information b      | pelow.   |                   |   |                           |                   |
| Part 1: List All Secu   | red Claims            |  |                   |   |                           |                   |
| 2. List all secured claims.   | If a creditor has m   | nore than one secured claim, list the cre  | editor separately | Column A                                  | Column B                  | Column C          |
|   |                       | a particular claim, list the other creditor                                      |                   | Amount of claim                           | Value of collateral       | Unsecured         |
| much as possible, list the ci   | aims in aipnabetic    | cal order according to the creditor's name                                       | ie.               | Do not deduct the<br>value of collateral. | that supports this claim  | portion<br>If any |
| 2.1 Bank Of Americ  | a                     | Describe the property that secures   | the claim:        | \$5,834.00                                | \$7,650.00                | \$0.00            |
| Creditor's Name   |                       | 2006 BMW X5 80K+ miles   |                   |   |                           |                   |
|   |                       | NADA value   |                   |   |                           |                   |
| Nc4-105-03-14   |                       | As of the date you file, the claim is:   | Check all that    |   |                           |                   |
| Po Box 26012  | 07440                 | apply.   | Orieck all triat  |   |                           |                   |
| Greensboro, NC  |                       | Contingent   |                   |   |                           |                   |
| Number, Street, City, Sta   | te & Zip Code         | Unliquidated   |                   |   |                           |                   |
| 14/1 (1 1 1 1 0 0)  |                       | Disputed   |                   |   |                           |                   |
| Who owes the debt? Che  | eck one.              | Nature of lien. Check all that apply.  |                   |   |                           |                   |
| ☐ Debtor 1 only   |                       | ☐ An agreement you made (such as car loan)                                       | mortgage or sec   | cured                                     |                           |                   |
| Debtor 2 only   |                       |  |                   |   |                           |                   |
| Debtor 1 and Debtor 2 o   | •                     | ☐ Statutory lien (such as tax lien, me   | chanic's lien)    |   |                           |                   |
| At least one of the debto   |                       | ☐ Judgment lien from a lawsuit   |                   |   |                           |                   |
| ☐ Check if this claim rela  | ites to a             | Other (including a right to offset)  |                   |   |                           |                   |
| community debt  |                       |  |                   |   |                           |                   |
|   | Opened                |  |                   |   |                           |                   |
|   | 08/13 Last            |  |                   |   |                           |                   |
|   | Active                |  | 0.400             |   |                           |                   |
| Date debt was incurred  | 2/06/17               | Last 4 digits of account num   | ber 6432          |   |                           |                   |
|   |                       |  |                   |   |                           |                   |
| 2.2 Envoy Plaza   |                       |  |                   | ¢400.00                                   | ¢50,000,00                | <b>co.oo</b>      |
| Condominum  |                       | Describe the property that secures   | the claim:        | \$400.00                                  | \$50,000.00               | \$0.00            |
| Creditor's Name   |                       | 250 Beechwood Ave. A29   |                   |   |                           |                   |
|   |                       | Poughkeepsie, NY 12601 D   | utchess           |   |                           |                   |
|   |                       | County Tax assessment value  |                   |   |                           |                   |
| 050 D   |                       | As of the date you file, the claim is:   | Check all that    |   |                           |                   |
| 250 Beechwood   |                       | apply.   |                   |   |                           |                   |
| Poughkeepsie,   |                       | Contingent   |                   |   |                           |                   |
| Number, Street, City, Sta   | te & Zip Code         | Unliquidated   |                   |   |                           |                   |
| Who ours the debto of   | nak ans               | Disputed   |                   |   |                           |                   |
| Who owes the debt? Che  | еск опе.              | Nature of lien. Check all that apply.  |                   |   |                           |                   |
| Debtor 1 only   |                       | An agreement you made (such as car loan)   | mortgage or sec   | cured                                     |                           |                   |
| Debtor 2 only   |                       | <u> </u>   |                   |   |                           |                   |
| Debtor 1 and Debtor 2 o   |                       | Statutory lien (such as tax lien, me   | chanic's lien)    |   |                           |                   |
| At least one of the debto   | ors and another       | ☐ Judgment lien from a lawsuit   |                   |   |                           |                   |

Official Form 106D

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| Debtor 1 Jessica S. Gonzalez   |   | Case number (if know) |             |        |
|--|---|-----------------------|-------------|--------|
| First Name Middle N  | Name Last Name  | _                     |             |        |
| ☐ Check if this claim relates to a community debt                                    | ☐ Other (including a right to offset)   |                       |             |        |
| Date debt was incurred 2017  | Last 4 digits of account number AEVF  | <u> </u>              |             |        |
| 2.3 Hudson Valley FCU  | Describe the property that secures the claim:                                       | \$6,294.00            | \$8,200.00  | \$0.00 |
| Creditor's Name  | 2012 Honda Accord 90K+ miles<br>NADA value  |                       |             |        |
| 159 Barnegat Rd<br>Poughkeepsie, NY 12601  | As of the date you file, the claim is: Check all that apply.  Contingent            |                       |             |        |
| Number, Street, City, State & Zip Code   | Unliquidated  |                       |             |        |
| Who owes the debt? Check one.  | ☐ Disputed  Nature of lien. Check all that apply.                                   |                       |             |        |
| ☐ Debtor 1 only  | ☐ An agreement you made (such as mortgage or se                                     | cured                 |             |        |
| Debtor 2 only  | car loan)   |                       |             |        |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit |                       |             |        |
| At least one of the debtors and another  Check if this claim relates to a            | ☐ Other (including a right to offset)   |                       |             |        |
| community debt   | — Other (including a right to onset)  |                       |             |        |
| Opened 11/13 Last Active 2/07/17   | Last 4 digits of account number 0002  |                       |             |        |
| 2.4 Nationstar Mortgage LLC  | Describe the property that secures the claim:                                       | \$79,228.00           | \$50,000.00 | \$0.00 |
| Creditor's Name  | 250 Beechwood Ave. A29 Poughkeepsie, NY 12601 Dutchess County Tax assessment value  |                       |             |        |
| 8950 Cypress Waters<br>Blvd  | As of the date you file, the claim is: Check all that                               |                       |             |        |
| Coppell, TX 75019  | apply.  ☐ Contingent  |                       |             |        |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated  |                       |             |        |
| Who owes the debt? Check one.  | ☐ Disputed  Nature of lien. Check all that apply.                                   |                       |             |        |
| ■ Debtor 1 only □ Debtor 2 only  | ☐ An agreement you made (such as mortgage or se car loan)                           | cured                 |             |        |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)                                |                       |             |        |
| At least one of the debtors and another  | ☐ Judgment lien from a lawsuit  |                       |             |        |
| ☐ Check if this claim relates to a community debt                                    | Other (including a right to offset)   |                       |             |        |
| Opened 03/08 Last Active Date debt was incurred 1/06/17                              | Last 4 digits of account number 6978  |                       |             |        |
|  |   |                       |             |        |
|  |   | <b>AA4 WW</b> C CC    | 7           |        |
| Add the dollar value of your entries in ( If this is the last page of your form, add | Column A on this page. Write that number here:                                      | \$91,756.00           | 7           |        |
|  | i inc achai value iciais nelli ali baucs.   | \$91,756.00           | 1           |        |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|---|---|--|---|---|---|
| Fill in   | this information to identify your ca  |  | PAUE /  | 1 01 07   |   |
| Debtor  | r 1 Jessica S. Gonzale  | <b>17</b>  |   |   |   |
| Dobtoi  | First Name  | Middle Name  | Last Name                                     |   |   |
| Debtor<br>(Spouse                                   |   | Middle Name  | Last Name                                     |   |   |
| United  | States Bankruptcy Court for the:  | EASTERN DISTRICT OF VIR  | RGINIA  |   |   |
| Case r  | number<br>n)  |  |   |   | Check if this is an amended filing  |
|   | ial Form 106E/F<br>edule E/F: Creditors Wh  | no Have Unsecured  | l Claims                                      |   | 12/15   |
| any exe<br>Schedu<br>Schedu<br>eft. Atta<br>name ar | omplete and accurate as possible. Use cutory contracts or unexpired leases the G: Executory Contracts and Unexpirele D: Creditors Who Have Claims Securach the Continuation Page to this page and case number (if known). | nat could result in a claim. Also<br>ed Leases (Official Form 106G).<br>red by Property. If more space is<br>. If you have no information to re  | list executory of Do not include needed, copy | ontracts on Schedule A/B: Property (O<br>any creditors with partially secured cla<br>the Part you need, fill it out, number the | fficial Form 106A/B) and on<br>hims that are listed in<br>e entries in the boxes on the |
| Part 1  |   |  |   |   |   |
| _   | any creditors have priority unsecured   | claims against you?  |   |   |   |
|   | No. Go to Part 2.   |  |   |   |   |
| ⊔<br>Part 2   | Yes.  List All of Your NONPRIORITY  |  |   |   |   |
| 4. Lis  | No. You have nothing to report in this par<br>Yes.  St all of your nonpriority unsecured claisecured claim, list the creditor separately fan one creditor holds a particular claim, list                                  | t. Submit this form to the court wit  ms in the alphabetical order of to the court with the cour | the creditor who                              | holds each claim. If a creditor has more type of claim it is. Do not list claims alread   | y included in Part 1. If more   |
| Pai   | rt 2.   |  |   |   | Total claim   |
|   |   |  |   | 1000  |   |
| 4.1   | Amex Nonpriority Creditor's Name  | Last 4 digits of ac  | count number                                  | 4283  | \$293.00  |
|   | Correspondence<br>Po Box 981540   | When was the del   | ot incurred?                                  | Opened 10/30/16 Last Active 03/17   | <del>)</del>  |
|   | EI Paso, TX 79998  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you   | ı file, the claim                             | s: Check all that apply   |   |
|   | ■ Debtor 1 only   | ☐ Contingent   |   |   |   |
|   | Debtor 2 only   | ☐ Unliquidated   |   |   |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |   |   |
|   | ☐ At least one of the debtors and anoth   |  | RITY unsecure                                 | d claim:  |   |
|   | ☐ Check if this claim is for a commi  | _  |   |   |   |
|   | debt Is the claim subject to offset?  |  |   | ration agreement or divorce that you did i  | not   |
|   | ■ No  | ☐ Debts to pension   | n or profit-sharin                            | g plans, and other similar debts  |   |
|   | ☐ Yes   | Other. Specify   | Credit Card                                   | <u> </u>  |   |
|   |   |  |   |   |   |

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4.4 Citibank / Sears Last 4 digits of account number 0192 Nonpriority Creditor's Name Attn: Centralized Bankruptcy Opened 10/05 Last Active P.O. Box 790040 When was the debt incurred? 2/22/17 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit Card

\$5.728.00

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■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ■ Other. Specify Credit Card

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Page 24 of 62 Case number (if know) Document Debtor 1 Jessica S. Gonzalez 4.8 \$52,765.00 Dept Of Ed/Navient Last 4 digits of account number 0102 Nonpriority Creditor's Name Attn: Claims Dept Opened 01/14 Last Active P.O. Box 9635 When was the debt incurred? 02/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.9 **Elan Financial Service** Last 4 digits of account number 9405 \$977.00 Nonpriority Creditor's Name Opened 05/16 Last Active P.O. Box 108 When was the debt incurred? 2/10/17 Saint Louis, MO 63166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit Card; C&F Bank Other. Specify 4.1 **Hudson Valley FCU** 0001 \$16,983.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/13 Last Active 159 Barnegat Rd When was the debt incurred? 2/01/17 Poughkeepsie, NY 12601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify Check Credit Or Line Of Credit; RediCash

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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| 4.1<br>1 | Kohls/Capital One   | Last 4 digits of account number                | 4337   | \$518.00    |
|----------|---|--|--|-------------|
|          | Nonpriority Creditor's Name Kohls Credit Po Box 3043  | When was the debt incurred?                    | Opened 09/11 Last Active 3/01/17             |             |
|          | Milwaukee, WI 53201  Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim i           | s: Check all that apply                      |             |
|          | Debtor 1 only   | ☐ Contingent                                   |  |             |
|          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed                       |  |             |
|          | ☐ At least one of the debtors and another☐ Check if this claim is for a community             | Type of NONPRIORITY unsecured  ☐ Student loans | l claim:                                     |             |
|          | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not |             |
|          | ■ No  | Debts to pension or profit-sharin              |  |             |
|          | Yes   | Other. Specify Charge Acc                      | count  |             |
| 4.1<br>2 | Lending Club Corp  Nonpriority Creditor's Name  | Last 4 digits of account number                | 0291   | \$9,128.00  |
|          | 71 Stevenson St<br>Suite 300  | When was the debt incurred?                    | Opened 06/16 Last Active 2/13/17             |             |
|          | San Francisco, CA 94105  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i           | s: Check all that apply                      |             |
|          | ■ Debtor 1 only   | ☐ Contingent                                   |  |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated                                 |  |             |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured      | I claim:                                     |             |
|          | At least one of the debtors and another   | Student loans                                  | i Claiii.                                    |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                | _  | ration agreement or divorce that you did not |             |
|          | ■ No  | Debts to pension or profit-sharin              | g plans, and other similar debts             |             |
|          | Yes   | Other. Specify Unsecured                       |  |             |
| l.1<br>3 | Navient   | Last 4 digits of account number                | Multiple<br>Accounts                         | \$10,857.00 |
|          | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9500                                     | When was the debt incurred?                    | Opened 10/00 Last Active 2/13/17             |             |
|          | Wilkes-Barr, PA 18773  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim i           | s: Check all that apply                      |             |
|          | ☐ Debtor 1 only   | ☐ Contingent                                   |  |             |
|          | Debtor 2 only   | ☐ Unliquidated                                 |  |             |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured      | l claim:                                     |             |
|          | At least one of the debtors and another   | Student loans                                  |  |             |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                | _  | ration agreement or divorce that you did not |             |
|          | ■ No  | □ Debts to pension or profit-sharin            | g plans, and other similar debts             |             |
|          | Yes   | Other. Specify  Educationa                     |  |             |

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| 4.1        | Syncb/Toys R Us  | Last 4 digits of account number   | 6740  | \$4,718.00                |
|------------|--|---|---|---------------------------|
| ر          | Nonpriority Creditor's Name  |   | One med 02/40 Least Active  |                           |
|            | Po Box 965064<br>Orlando, FL 32896   | When was the debt incurred?   | Opened 02/10 Last Active 03/17  | _                         |
|            | Number Street City State Zlp Code  | As of the date you file, the claim  | is: Check all that apply  |                           |
|            | Who incurred the debt? Check one.  |   |   |                           |
|            | Debtor 1 only  | Contingent  |   |                           |
|            | Debtor 2 only  | ☐ Unliquidated  |   |                           |
|            | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:  |                           |
|            | At least one of the debtors and another  | Student loans   | u ciaiii.   |                           |
|            | ☐ Check if this claim is for a community debt  | _   | aration agreement or divorce that you did not   |                           |
|            | Is the claim subject to offset?  | report as priority claims   |   |                           |
|            | No   | Debts to pension or profit-sharing  | ng plans, and other similar debts   |                           |
|            | Yes  | Other. Specify Charge Ac  | count   | -                         |
| 4.1        | Visa DSNB/Macy's   | Last 4 digits of account number   | 6460  | \$2,443.00                |
|            | Nonpriority Creditor's Name Attn: Bankruptcy   |   | Opened 11/04 Last Active  |                           |
|            | Po Box 8053  | When was the debt incurred?   | 2/16/17   | _                         |
|            | Mason, OH 45040  Number Street City State Zlp Code   | As of the date you file, the claim  | is: Chock all that apply  |                           |
|            | Who incurred the debt? Check one.  | As of the date you me, the claim  | із. Спеск ан шасарріу   |                           |
|            | ■ Debtor 1 only  | ☐ Contingent  |   |                           |
|            | Debtor 2 only  | ☐ Unliquidated  |   |                           |
|            | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                           |
|            | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:  |                           |
|            | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                           |
|            | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not   |                           |
|            | No   | Debts to pension or profit-sharing  | ng plans, and other similar debts   |                           |
|            | Yes  | Other. Specify Charge Ace   | count   | _                         |
| Part 3     | List Others to Be Notified About a D   | ebt That You Already Listed   |   |                           |
| is try     | his page only if you have others to be notified<br>ing to collect from you for a debt you owe to<br>more than one creditor for any of the debts the<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>hat you listed in Parts 1 or 2, list the add<br>t or submit this page. | n Parts 1 or 2, then list the collection agencitional creditors here. If you do not have ad | y here. Similarly, if you |
|            | and Address<br>t Control, LLC  | On which entry in Part 1 or Part 2 did you Line <b>4.5</b> of ( <i>Check one</i> ):                                   |   | ·                         |
|            | Box 31179  | <del></del> ' ′   | Part 1: Creditors with Priority Unsecured Cla Part 2: Creditors with Nonpriority Unsecured  |                           |
| Tamp       | a, FL 33631  |   |   | Claims                    |
|            |  | Last 4 digits of account number   | 5657  |                           |
|            | and Address  | On which entry in Part 1 or Part 2 did you  | •   |                           |
|            | Source Advantage, LLC ryant Woods South  |   | Part 1: Creditors with Priority Unsecured Cla   |                           |
|            | lo, NY 14228   | •   | Part 2: Creditors with Nonpriority Unsecured  | Claims                    |
|            | •  | Last 4 digits of account number   | 6911  |                           |
| Name a     | and Address  | On which entry in Part 1 or Part 2 did you  | ı list the original creditor?   |                           |
|            | land Group   | Line <b>4.11</b> of ( <i>Check one</i> ):   | Part 1: Creditors with Priority Unsecured Cla   | ims                       |
|            | Box 390905<br>eapolis, MN 55439  |   | Part 2: Creditors with Nonpriority Unsecured  | Claims                    |
|            |  | Last 4 digits of account number   | 1864  |                           |
| Name a     | and Address  | On which entry in Part 1 or Part 2 did you  | ı list the original creditor?   |                           |
|            | land Group   |   | Part 1: Creditors with Priority Unsecured Cla   | iims                      |
| Official F | Form 106 E/F Sch   | edule E/F: Creditors Who Have Unsecure  | ed Claims   | Page 6 of 7               |

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| P.O. Box 390905<br>Minneapolis, MN 55439 | ■ Part 2: Creditors with Nonpriority Unsecured Claims |   |  |  |  |
|--|---|---|--|--|--|
| Millileapolis, Mill 33439                | Last 4 digits of account number                       | 6934  |  |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2 d                  | id you list the original creditor?                    |  |  |  |
| Northland Group                          | Line 4.4 of (Check one):                              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| P.O. Box 390905<br>Minneapolis, MN 55439 |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Millineapons, Mill 33439                 | Last 4 digits of account number                       | 4797  |  |  |  |
| Name and Address                         | On which entry in Part 1 or Part 2 di                 | id you list the original creditor?                    |  |  |  |
| Northland Group                          | Line 4.6 of (Check one):                              | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| P.O. Box 390905<br>Minneapolis, MN 55439 |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| ,  | Last 4 digits of account number                       | 4820  |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | •  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              |     |   |     |    | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 63,622.00   |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 74,931.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 138,553.00  |

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|   |                         | 1200000            |            |                       |
|---|-------------------------|--------------------|------------|-----------------------|
| Fill in this infor                      | mation to identify your | case:              |            |                       |
| Debtor 1                                | Jessica S. Gonza        | ilez               |            |                       |
|   | First Name              | Middle Name        | Last Name  |                       |
| Debtor 2                                |                         |                    |            |                       |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name  |                       |
| United States Bankruptcy Court for the: |                         | EASTERN DISTRICT O | F VIRGINIA |                       |
| Case number (if known)                  |                         |                    |            | ☐ Check if this is an |
|   |                         |                    |            | amended filing        |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |  |
|-----|--|---|--|
| 2.1 | Crowne Village at Swift Creek<br>Aparmtents<br>6101 Crowne Creek D<br>Midlothian, VA 23112               | Residential Lease                       |  |
| 2.2 | Envoy Plaza Condominium<br>250 Beechwood Ave.<br>Poughkeepsie, NY 12601                                  | Contract                                |  |

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|                                 |  | Documen   | t Page 29 of 62   |   |
|---------------------------------|--|---|---|---|
| Fill in tl                      | his information to identify  | your case:  |   |   |
| Debtor '                        | 1 Jessica S. 0   | Sonzaloz  |   |   |
| Debioi                          | First Name   | Middle Name   | Last Name   | _   |
| Debtor 2                        | 2  |   |   |   |
| (Spouse if                      | , filing) First Name   | Middle Name   | Last Name   | _   |
| United S                        | States Bankruptcy Court fo   | r the: EASTERN DISTRICT OF  | VIRGINIA  |   |
| Case nu                         | ımber  |   |   |   |
| (if known)                      |  |   |   | Check if this is an amended filing  |
| O ((; )                         |  |   |   |   |
|                                 | ial Form 106H  |   |   |   |
| Sche                            | edule H: Your (  | Codebtors   |   | 12/15   |
| eople a<br>ill it out<br>our na | are filing together, both a<br>c, and number the entries<br>me and case number (if k | re equally responsible for supply<br>in the boxes on the left. Attach tl<br>nown). Answer every question. | ing correct information. If more spa<br>ne Additional Page to this page. On | l accurate as possible. If two married<br>ace is needed, copy the Additional Page,<br>the top of any Additional Pages, write    |
| 1. 0                            | Oo you have any codebto  | rs? (If you are filing a joint case, do   | not list either spouse as a codebtor.                                       |   |
|                                 | No   |   |   |   |
|                                 | ⁄es  |   |   |   |
| 2 1                             | Vithin the leat 0 years he   | ve vev lived in a community man   | auto atata au tauritaus? (Cammunite   | property states and towitaries include  |
|                                 |  |   | perty state or territory? (Community of Rico, Texas, Washington, and Wisc   |   |
|                                 |  |   |   |   |
|                                 | No. Go to line 3.  |   | with you at the time?   |   |
| ים                              | res. Dia your spouse, form   | er spouse, or legal equivalent live w   | nth you at the time?  |   |
| in li<br>For                    | ine 2 again as a codebtor  | only if that person is a guaranto   | r or cosigner. Make sure you have l   | is filing with you. List the person shown isted the creditor on Schedule D (Official dule D, Schedule E/F, or Schedule G to fil |
|                                 | Column 1: Your codebt  |   |   | The creditor to whom you owe the debt   |
|                                 | Name, Number, Street, City, Sta  | te and ZIP Code   | Check all s   | chedules that apply:  |
|                                 |  |   |   |   |
| 3.1                             | Denise M. Fitzgerald   | l   | ☐ Schedu  | lle D, line   |
|                                 | Mother   |   |   | lle E/F, line <b>4.13</b>   |
|                                 | Wichiel  |   |   | lle G   |
|                                 |  |   | Navient   |   |
|                                 |  |   |   |   |
| 3.2                             | Edwin Gonzalez   |   | Schodu  | lle D, line 2.1   |
|                                 | 6210 Anna Park Dr.   | #103  |   | lle E/F, line   |
|                                 | Midlothian, VA 2311  | 2   | ☐ Schedu  |   |
|                                 |  |   | Bank Of A   |   |
|                                 |  |   |   |   |
|                                 |  |   |   |   |
| 3.3                             | Edwin Gonzalez   |   | ■ Schedu  | lle D, line 2.3   |
|                                 | 6210 Anna Park Dr.   |   |   | lle E/F, line   |
|                                 | Midlothian, VA 2311  | <b>4</b>  | ☐ Schedu  |   |
|                                 |  |   | Hudson V  | alley FCU   |

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| Debtor 1 | Jessica S. Gonzalez   | Case number (if known)  |  |  |  |
|----------|---|---|--|--|--|
|          |   |   |  |  |  |
|          | Additional Page to List More Codebtors                            |   |  |  |  |
|          | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:     |  |  |  |
| 3.4      | Edwin Gonzalez<br>6210 Anna Park Dr. #103<br>Midlothian, VA 23112 | ☐ Schedule D, line<br>■ Schedule E/F, line4.10<br>☐ Schedule G<br>Hudson Valley FCU |  |  |  |

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| Deb              | tor 1 Jessica S. 0  | Gonzalez                                     |  | _   |
|------------------|---|--|--|---|
|                  | otor 2<br>use, if filing)   |  |  | _   |
| Unit             | ed States Bankruptcy Court for the  | e: EASTERN DISTRICT                          | OF VIRGINIA  |   |
| Cas<br>(If kn    | e number<br>own)  |  | -  | Check if this is:  An amended filing  A supplement showing postpetition chapter |
| Of               | ficial Form 106I  |  |  | 13 income as of the following date:   |
|                  | chedule I: Your Inc   | ome  |  | MM / DD/ YYYY 12/1  |
|                  |   |  | unio ara filing tagathar (Dah  | tor 1 and Debtor 2), both are equally responsible for                           |
| Par              | Describe Employment   |  |  |   |
| <b>Par</b><br>1. | Describe Employment Fill in your employment information.  |  | Debtor 1   | Debtor 2 or non-filing spouse   |
|                  | Fill in your employment information.  If you have more than one job,  |  | Debtor 1 ■ Employed  | Debtor 2 or non-filing spouse  ■ Employed                                       |
|                  | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional   | Employment status                            | _  |   |
|                  | Fill in your employment information.  If you have more than one job, attach a separate page with  |  | ■ Employed   | ■ Employed  |
|                  | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional   | Employment status                            | ■ Employed □ Not employed  | ■ Employed □ Not employed □ Driver  |
|                  | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or   | Employment status Occupation                 | ■ Employed □ Not employed Library Manager Chesterfield County P  | ■ Employed □ Not employed  Driver  ublic Entrust Records Mgmt.                  |
| Pari             | Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student | Employment status Occupation Employer's name | ■ Employed □ Not employed Library Manager Chesterfield County P Library  9501 Lori Rd. Chesterfield, VA 2383 | ■ Employed □ Not employed  Driver  ublic Entrust Records Mgmt.                  |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,048.00 \$ 2,425.00 \$

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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| Debt | tor 1       | Jessica S. Gon                                 | zalez  | _          | Case      | e number (if known) |                 |                          |          |
|------|-------------|--|--|------------|-----------|---------------------|-----------------|--------------------------|----------|
|      |             |  |  |            |           |                     |                 |                          |          |
|      |             |  |  |            | Fo        | r Debtor 1          |                 | r Debtor 2 or            |          |
|      | Con         | y line 4 here                                  |  | 4.         | \$        | 6,048.00            | s<br>\$         | n-filing spouse 2,425.00 |          |
|      | СОР         | y iiiie 4 iieie                                |  | ٦.         | Ψ_        | 0,040.00            | Ψ_              | 2,423.00                 |          |
| 5.   | List        | all payroll deduct                             | ions:  |            |           |                     |                 |                          |          |
|      | 5a.         | Tax, Medicare, a                               | and Social Security deductions   | 5a.        | \$        | 972.00              | \$              | 421.00                   |          |
|      | 5b.         | •  | ributions for retirement plans   | 5b.        | \$        | 355.00              | \$              | 0.00                     | •        |
|      | 5c.         | •  | ibutions for retirement plans  | 5c.        | \$_       | 0.00                | \$_             | 0.00                     |          |
|      | 5d.         |  | ments of retirement fund loans   | 5d.        | \$_       | 0.00                | \$_             | 0.00                     |          |
|      | 5e.<br>5f.  | Insurance Domestic support                     | ort obligations  | 5e.<br>5f. | \$_<br>\$ | 726.00              | \$_<br>\$       | 0.00                     |          |
|      | 5g.         | Union dues                                     | ort obligations  | 5g.        | \$_       | 0.00                | \$_             | 0.00                     |          |
|      | 5h.         | Other deduction                                | ns. Specify:   | 5h.⊣       | · · · ·   | 0.00                |                 | 0.00                     |          |
| 6.   |             |  | ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | —<br>6.    | \$        | 2,053.00            | \$              | 421.00                   |          |
|      |             |  | · ·  | 7.         | \$ _      |                     | \$_<br>\$       |                          |          |
| 7.   |             |  | ly take-home pay. Subtract line 6 from line 4.   | 7.         | Φ _       | 3,995.00            | Φ_              | 2,004.00                 |          |
| 8.   | List<br>8a. |  | egularly received:<br>n rental property and from operating a business,   |            |           |                     |                 |                          |          |
|      | ou.         | profession, or fa                              |  |            |           |                     |                 |                          |          |
|      |             |  | ent for each property and business showing gross   |            |           |                     |                 |                          |          |
|      |             | receipts, ordinary monthly net inco            | y and necessary business expenses, and the total   | 8a.        | \$        | 0.00                | \$              | 0.00                     |          |
|      | 8b.         | Interest and div                               |  | 8b.        | \$-       | 0.00                | \$-             | 0.00                     |          |
|      | 8c.         |  | payments that you, a non-filing spouse, or a dependent   |            | Ψ_        | 0.00                | Ψ_              | 0.00                     |          |
|      |             | regularly receiv                               | e  |            |           |                     |                 |                          |          |
|      |             |  | spousal support, child support, maintenance, divorce property settlement.  | 90         | \$        | 0.00                | \$              | 0.00                     |          |
|      | 8d.         | Unemployment                                   |  | 8c.<br>8d. | \$<br>\$  | 0.00                | \$<br>\$        | 0.00                     |          |
|      | 8e.         | Social Security                                | Compensation   | 8e.        | \$_       | 0.00                | \$<br>\$        | 0.00                     |          |
|      | 8f.         | •  | ent assistance that you regularly receive  | 00.        | Ψ_        | 0.00                | <b>–</b>        | 0.00                     |          |
|      |             | Include cash ass                               | istance and the value (if known) of any non-cash assistance  | Э          |           |                     |                 |                          |          |
|      |             |  | such as food stamps (benefits under the Supplemental   |            |           |                     |                 |                          |          |
|      |             | Specify:                                       | nce Program) or housing subsidies.   | 8f.        | \$        | 0.00                | \$              | 0.00                     |          |
|      | 8g.         | Pension or retir                               | ement income   | — 8g.      | \$        | 0.00                | \$              | 0.00                     | •        |
|      | 8h.         | Other monthly i                                | ncome. Specify:  | 8h         | + \$      |                     | + \$ _          | 0.00                     | •        |
|      |             |  |  |            | _         |                     |                 |                          | T        |
| 9.   | Add         | l all other income.                            | Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$_       | 0.00                | \$_             | 0.00                     | )        |
|      |             |  |  |            |           |                     | -               |                          |          |
| 10.  |             | •  | come. Add line 7 + line 9.   | 10. \$     |           | 3,995.00 + \$       | 2,              | 004.00 = \$              | 5,999.00 |
|      | Add         | the entries in line 1                          | 0 for Debtor 1 and Debtor 2 or non-filing spouse.  | L          |           |                     |                 |                          |          |
| 11.  |             |  | contributions to the expenses that you list in Schedule  |            |           |                     |                 |                          |          |
|      |             | ude contributions fr<br>er friends or relative | om an unmarried partner, members of your household, your   | deper      | dents     | s, your roommates   | s, and          |                          |          |
|      |             |  | s.<br>bunts already included in lines 2-10 or amounts that are not   | availat    | ole to    | pav expenses list   | ed in           | Schedule J.              |          |
|      | Spec        |  | ,  |            |           | . , ,               |                 | 11. +\$                  | 0.00     |
|      |             |  |  |            |           |                     |                 |                          |          |
| 12.  |             |  | e last column of line 10 to the amount in line 11. The re-<br>ne Summary of Schedules and Statistical Summary of Certa |            |           |                     |                 | e.                       |          |
|      | appl        |  | le dunimary of deflectules and dialistical dunimary of defla   | III LIAD   | mues      | and Related Date    | <i>a,</i> 11 1t | 12. \$                   | 5,999.00 |
|      | • •         |  |  |            |           |                     |                 | Combin                   | ned      |
|      |             |  |  |            |           |                     |                 |                          | y income |
| 13.  | Do y        | you expect an inci                             | rease or decrease within the year after you file this form   | ?          |           |                     |                 | •                        |          |
|      |             | No.  |  |            |           |                     |                 |                          |          |
|      |             | Yes. Explain:                                  | See Schedule J   |            |           |                     |                 |                          |          |

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| Eill       | in this informat          | tion to identify yo  | ur oooo:               |  |                        |           |         |                 |                               |      |
|------------|---------------------------|--|------------------------|--|------------------------|-----------|---------|-----------------|-------------------------------|------|
|            |                           |  |                        |  |                        |           |         |                 |                               |      |
| Deb        | tor 1                     | Jessica S. Go  | onzalez                |  |                        |           |         | this is:        |                               |      |
| Deb        | tor 2                     |  |                        |  |                        |           |         | amended filing  | ving postpetition chapt       | er   |
|            | ouse, if filing)          |  |                        |  |                        |           |         |                 | the following date:           | .01  |
| Unit       | ed States Bankru          | uptcy Court for the:   | EASTE                  | RN DISTRICT OF VIRGIN                                      | NIA                    |           | MM      | I / DD / YYYY   |                               |      |
|            |                           |  |                        |  |                        |           |         |                 |                               |      |
| l          | e number<br>nown)         |  |                        |  |                        |           |         |                 |                               |      |
| O          | fficial Fo                | rm 106J  |                        |  |                        |           |         |                 |                               |      |
| S          | chedule                   | J: Your E  | Exper                  | ises   |                        |           |         |                 | 1                             | 2/15 |
| Be<br>info | as complete a             | and accurate as  | possible<br>eded, atta | If two married people a ch another sheet to this           |                        |           |         |                 |                               |      |
|            |                           | ibe Your House   | hold                   |  |                        |           |         |                 |                               |      |
| 1.         | Is this a join            |  |                        |  |                        |           |         |                 |                               |      |
|            | ■ No. Go to               |  |                        | ata hawashaldO   |                        |           |         |                 |                               |      |
|            |                           | s Debtor 2 live in   | n a separ              | ate nousenoid?   |                        |           |         |                 |                               |      |
|            | □ No                      |  | t file Offici          | al Form 106J-2, Expenses                                   | s for Separate Housel  | hold of D | ebtor 2 | 2.              |                               |      |
| 2.         | Do vou have               | dependents?  | □ No                   |  |                        |           |         |                 |                               |      |
|            | Do not list De Debtor 2.  | •  | Yes.                   | Fill out this information for each dependent               | Dependent's relation   |           |         | Dependent's age | Does dependent live with you? |      |
|            |                           |  |                        |  |                        |           |         |                 | □ No                          |      |
|            | Do not state dependents r |  |                        |  | Son                    |           |         | 5               | ■ Yes                         |      |
|            | аоронаотто .              |  |                        |  |                        |           |         |                 | □ No                          |      |
|            |                           |  |                        |  | Daughter               |           |         | 7               | ■ Yes                         |      |
|            |                           |  |                        |  |                        |           |         |                 | □ No                          |      |
|            |                           |  |                        |  |                        |           |         |                 | ☐ Yes                         |      |
|            |                           |  |                        |  |                        |           |         |                 | □ No                          |      |
| _          | _                         |  |                        |  |                        |           |         |                 | ☐ Yes                         |      |
| 3.         | expenses of yourself and  | enses include<br>people other th<br>your depender<br>ate Your Ongoir | nan<br>nts?            | No<br>Yes  |                        |           |         |                 |                               |      |
| Est<br>exp | imate your ex             | penses as of yo  | ur bankr               | uptcy filing date unless y<br>y is filed. If this is a sup |                        |           |         |                 |                               |      |
| the        |                           | assistance and   |                        | government assistance is luded it on <i>Schedule I:</i> '  |                        |           |         | Your expe       | enses                         |      |
| 4.         |                           | r home ownersh<br>d any rent for the                                 |                        | ses for your residence.                                    | Include first mortgage | 4.        | \$_     |                 | 1,540.00                      |      |
|            | If not include            | ed in line 4:  |                        |  |                        |           |         |                 |                               |      |
|            | 4a. Real e                | state taxes  |                        |  |                        | 4a.       | \$      |                 | 0.00                          |      |
|            |                           | ty, homeowner's  | , or renter            | 's insurance   |                        | 4b.       | _       |                 | 18.00                         |      |
|            |                           |  |                        | ipkeep expenses  |                        | 4c.       | · : —   |                 | 0.00                          |      |
| _          |                           | owner's associati  |                        |  | ama aquite laces       | 4d.       |         |                 | 0.00                          |      |
| 5.         | Auditional II             | iorigage payme   | into for yo            | <b>our residence</b> , such as ho                          | ine equity loans       | 5.        | \$      |                 | 0.00                          |      |

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| Debtor 1                            | Jessica 9      | S. Gonzalez  | Case                           | numb   | per (if known) |                            |
|-------------------------------------|----------------|--|--------------------------------|--------|----------------|----------------------------|
| 6. <b>Utiliti</b>                   | ies:           |  |                                |        |                |                            |
| 6a.                                 |                | heat, natural gas                                      |                                | 6a.    | \$             | 200.00                     |
| 6b.                                 |                | ver, garbage collection                                |                                | 6b.    | \$             | 50.00                      |
| 6c.                                 |                | e, cell phone, Internet, satellite, and cable se       |                                | 6c.    | •              | 170.00                     |
| 6d.                                 | Other. Spe     | •                |                                | 6d.    |                | 0.00                       |
|                                     |                | ekeeping supplies                                      |                                |        | \$             | 875.00                     |
|                                     |                | hildren's education costs                              |                                |        | \$             |                            |
|                                     |                |  |                                |        | \$             | 1,060.00                   |
|                                     | -              | ry, and dry cleaning                                   |                                |        | ·              | 200.00                     |
|                                     | -              | roducts and services                                   |                                | 10.    | ·              | 150.00                     |
|                                     |                | ntal expenses  |                                | 11.    | \$             | 140.00                     |
|                                     |                | Include gas, maintenance, bus or train fare.           |                                | 12.    | ¢              | 500.00                     |
|                                     |                | ar payments.   |                                |        | ·              |                            |
|                                     |                | clubs, recreation, newspapers, magazine                | •                              | 13.    | ·              | 100.00                     |
|                                     |                | ributions and religious donations                      |                                | 14.    | \$             | 0.00                       |
| 5. <b>Insur</b>                     |                |  |                                |        |                |                            |
|                                     |                | surance deducted from your pay or included             |                                |        | •              |                            |
|                                     | Life insura    |  |                                | 15a.   |                | 145.00                     |
| 15b.                                | Health insi    | urance   |                                | l5b.   | · -            | 0.00                       |
| 15c.                                | Vehicle ins    | surance  | 1                              | 15c.   | \$             | 176.00                     |
| 15d.                                | Other insu     | rance. Specify:  | 1                              | 15d.   | \$             | 0.00                       |
| 6. Taxes                            | s. Do not in   | clude taxes deducted from your pay or include          | ded in lines 4 or 20.          |        |                |                            |
|                                     |                | onal Property Tax                                      |                                | 16.    | \$             | 30.00                      |
|                                     |                | ease payments:   |                                |        |                |                            |
|                                     |                | ents for Vehicle 1                                     | 1                              | 17a.   | \$             | 301.00                     |
|                                     |                | ents for Vehicle 2                                     |                                | 17b.   | ·              | 310.00                     |
|                                     |                | ecify: Misc. Expenses                                  |                                | 17c.   | ·              | 250.00                     |
|                                     |                |  |                                | 17d.   | ·              |                            |
| 17u.                                |                | ecify: Pet Care  | '                              | ι/u.   | · ·            | 25.00                      |
|                                     |                | l's debt payments                                      |                                |        | \$             | 1,080.00                   |
|                                     |                | of alimony, maintenance, and support the               |                                | 18.    | \$             | 0.00                       |
|                                     |                | your pay on line 5, Schedule I, Your Incom             | ne (Oniciai i Orini 1001).     | 10.    | ·              |                            |
|                                     |                | s you make to support others who do not                |                                |        | \$             | 0.00                       |
| Speci                               |                |  |                                | 19.    |                |                            |
|                                     |                | erty expenses not included in lines 4 or 5             |                                |        |                |                            |
|                                     |                | s on other property                                    |                                | 20a.   | ·              | 0.00                       |
|                                     | Real estate    |  |                                | 20b.   |                | 0.00                       |
| 20c.                                | Property, h    | nomeowner's, or renter's insurance                     | 2                              | 20c.   | \$             | 0.00                       |
| 20d.                                | Maintenan      | ce, repair, and upkeep expenses                        | 2                              | 20d.   | \$             | 0.00                       |
|                                     |                | er's association or condominium dues                   | 2                              | 20e.   | \$             | 0.00                       |
| 1. Other                            | r: Specify:    |  |                                | 21.    | +\$            | 0.00                       |
| • • • • • • • • • • • • • • • • • • | Opcony.        |  |                                | -··· [ | -Ψ             | 0.00                       |
| 2. Calcu                            | ulate your r   | monthly expenses                                       |                                |        |                |                            |
| 22a. /                              | Add lines 4    | through 21.  |                                |        | \$             | 7,320.00                   |
| 22b. (                              | Copy line 22   | 2 (monthly expenses for Debtor 2), if any, fro         | m Official Form 106J-2         |        | \$             |                            |
|                                     |                | a and 22b. The result is your monthly expen            |                                |        | \$             | 7,320.00                   |
| ZZU. 1                              | , wa III 10 ZZ | and 220. The result is your monthly expen              |                                |        | Ψ              | 1,320.00                   |
| 3. Calcu                            | ulate your r   | monthly net income.                                    |                                |        |                | <u> </u>                   |
| 23a.                                | Copy line      | 12 (your combined monthly income) from Sc              | hedule I. 2                    | 23a.   | \$             | 5,999.00                   |
|                                     |                | monthly expenses from line 22c above.                  |                                | 23b.   |                | 7,320.00                   |
|                                     |                | , . ,  | _                              |        | ·              | .,020100                   |
| 23c.                                | Subtract v     | our monthly expenses from your monthly inc             | ome.                           |        |                |                            |
| _00.                                |                | is your <i>monthly net income</i> .                    | 2                              | 23c.   | \$             | -1,321.00                  |
|                                     | THE TOTAL      | yea. monany not moomo.                                 |                                | ı      |                |                            |
| 24. <b>Do y</b> o                   | ou expect a    | an increase or decrease in your expenses               | within the year after you file | this   | form?          |                            |
|                                     | xample, do yo  | ou expect to finish paying for your car loan within th |                                |        |                | e or decrease because of a |
|                                     |                | torms of your mortages?                                |                                |        |                |                            |
|                                     | ication to the | terms or your mortgage?                                |                                |        |                |                            |
|                                     |                | terms or your mortgage?                                |                                |        |                |                            |

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| Fill in this in     | formation to identify your                              | case:   |                             |   |  |
|---------------------|---|---|-----------------------------|---|--|
| Debtor 1            | Jessica S. Gonza  | 0.7   |                             |   |  |
| Debior 1            | First Name  | Middle Name   | Last Name                   |   |  |
| Debtor 2            |   |   |                             |   |  |
| (Spouse if, filing) | First Name  | Middle Name   | Last Name                   |   |  |
| United States       | s Bankruptcy Court for the:                             | EASTERN DISTRICT O                                  | F VIRGINIA                  |   |  |
| Case numbe          | r   |   |                             |   |  |
| (if known)          |   |   |                             |   | Check if this is an                                      |
|                     |   |   |                             |   | amended filing   |
| You must file       |   | le bankruptcy schedules<br>n connection with a bank | or amended schedules.       | ect information.<br>Making a false statement, co<br>n fines up to \$250,000, or imp |  |
|                     | Sign Below  |   |                             |   |  |
| Did you             | ı pay or agree to pay some                              | one who is NOT an attor                             | ney to help you fill out ba | ankruptcy forms?  |  |
| ■ No                | )   |   |                             |   |  |
| ☐ Ye                | es. Name of person                                      |   |                             |   | etition Preparer's Notice,<br>nature (Official Form 119) |
|                     | enalty of perjury, I declare<br>y are true and correct. | that I have read the sum                            | mary and schedules filed    | l with this declaration and   |  |
| X /s/.              | Jessica S. Gonzalez                                     |   | X                           |   |  |
| Jes                 | ssica S. Gonzalez<br>nature of Debtor 1                 |   | Signature of E              | Debtor 2  |  |
| Date                | ∍ July 6, 2017  |   | Date                        |   |  |

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|                   |   |   |  |  |                             | •  |    |  |
|-------------------|---|---|--|--|-----------------------------|--|----|--|
| Fil               | I in this inforn  | nation to identify you                      | r case:  |  |                             |  |    |  |
| De                | ebtor 1   |   | Jessica S. Gonzalez  |  |                             |  |    |  |
| De                | ebtor 2   | First Name                                  | Middle Name  | Last Name  |                             |  |    |  |
| 1 -               | ouse if, filing)  | First Name                                  | Middle Name  | Last Name  |                             |  |    |  |
| Un                | nited States Bar  | nkruptcy Court for the:                     | EASTERN DISTRICT C   | F VIRGINIA   |                             |  |    |  |
| 00                |   |   |  |  |                             |  |    |  |
| 1                 | nse number  |   |  |  |                             | ☐ Check if this is an amended filing                         |    |  |
|                   | fficial Fo  |   | Affairs for Indiv  | iduals Filinç                                      | g for Bankruptc             | y 4/   | 1  |  |
| info<br>nur       | ormation. If m  | ore space is needed<br>n). Answer every que | , attach a separate sheet to stion.  | o this form. On the                                |                             | sible for supplying correct<br>ges, write your name and case | _  |  |
| Pa                | rt 1: Give D  | Petails About Your Ma                       | arital Status and Where Yo   | ou Lived Before                                    |                             |  | _  |  |
| 1.                | What is your  | r current marital stati                     | us?  |  |                             |  |    |  |
|                   | Married   |   |  |  |                             |  |    |  |
|                   | □ Not mar   | ried  |  |  |                             |  |    |  |
| 2.                | During the last 3 years, have you lived anywhere other than where you live now? |   |  |  |                             |  |    |  |
|                   | □ No  |   |  |  |                             |  |    |  |
|                   | Yes. Lis  | t all of the places you                     | lived in the last 3 years. Do  | not include where yo                               | ou live now.                |  |    |  |
|                   | Debtor 1 Prior Address:   |   | Dates Debtor lived there   | Dates Debtor 1 Debtor 2 Prior Address: lived there |                             | Dates Debtor 2<br>lived there                                |    |  |
|                   |   | a Ridge Dr. Apt. D<br>rs Falls, NY 12590    | From-To:<br><b>6/2013 - 5/20</b>   |  | e as Debtor 1               | ☐ Same as Debtor 1 From-To:                                  |    |  |
|                   |   | Master Dr. Apt. A<br>, VA 23112             | From-To:<br><b>5/29/2014 -</b><br><b>7/1/2017</b>                                    | ☐ Same   | e as Debtor 1               | ☐ Same as Debtor 1 From-To:                                  | _  |  |
| <b>3.</b><br>stat |   |   | ver live with a spouse or lo<br>alifornia, Idaho, Louisiana, N                       |  |                             | ate or territory? (Community proper hington and Wisconsin.)  | ty |  |
|                   | ■ No  |   |  |  |                             |  |    |  |
|                   | ☐ Yes. Ma   | ke sure you fill out Sc                     | hedule H: Your Codebtors (   | Official Form 106H).                               |                             |  |    |  |
| Pa                | rt 2 Explai   | n the Sources of You                        | ır İncome  |  |                             |  |    |  |
|                   | xpiai   |   |  |  |                             |  | -  |  |
| 4.                | Fill in the tota  | al amount of income yo                      | mployment or from operatou received from all jobs and have income that you received. | l all businesses, incl                             | uding part-time activities. | revious calendar years?                                      |    |  |
|                   | □ No  |   |  |  |                             |  |    |  |
|                   | Yes. Fill   | in the details.                             |  |  |                             |  |    |  |
|                   |   |   | Debtor 1   |  | Debtor 2                    |  |    |  |
|                   |   |   | Sources of income  | Gross income                                       | Sources of in               |  |    |  |
|                   |   |   | Check all that apply.  | (before deductions)                                | ons and Check all that      | apply. (before deductions and exclusions)                    |    |  |

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Case number (if known)

Document Debtor 1 Jessica S. Gonzalez

|  |                          |   |  | Debtor 1  |  | Debtor 2   |  |   |
|--|--------------------------|---|--|---|--|--|--|---|
|  |                          |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of ind<br>Check all that a                             |  | Gross income<br>(before deductions<br>and exclusions) |
|  |                          | 1 of curre<br>iled for bar                | nt year until<br>nkruptcy:   | ■ Wages, commissions, bonuses, tips   | \$36,650.95  | ☐ Wages, con bonuses, tips                                     | nmissions,                               |   |
|  |                          |   |  | ☐ Operating a business  |  | Operating a  | business                                 |   |
|  | last calen<br>nuary 1 to | dar year:<br>December                     | 31, 2016 )   | ■ Wages, commissions, bonuses, tips   | \$81,210.00  | ☐ Wages, con bonuses, tips                                     | nmissions,                               |   |
|  |                          |   |  | ☐ Operating a business  |  | ☐ Operating a  | business                                 |   |
|  |                          | dar year be<br>December                   |  | ■ Wages, commissions, bonuses, tips   | \$72,002.00  | ☐ Wages, con bonuses, tips                                     | nmissions,                               |   |
|  |                          |   |  | ☐ Operating a business  |  | ☐ Operating a  | business                                 |   |
|  | ■ No                     | source and t                              | J  | me from each source separat   | ely. Do not include income t   | hat you listed in lii  | ne 4.                                    |   |
|  |                          |   |  |   |  |  |  |   |
|  |                          |   |  | Debtor 1<br>Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions)   | Debtor 2<br>Sources of ind<br>Describe below                   |  | Gross income<br>(before deductions<br>and exclusions) |
| Parí   | 3: Liet                  | Cortain Pa                                | vments Vou   | Made Before You Filed for B   | ,  |  |  |   |
|  | Are either □ No.         | Neither Deindividual   During the No. Yes | ebtor 1 nor D<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include | es debts primarily consumer pettor 2 has primarily consumer personal, family, or household for your filed for bankruptcy, did a cach creditor to whom you paid editor. Do not include payment payments to an attorney for the con 4/01/19 and every 3 years | mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more its for domestic support oblighis bankruptcy case. | I of \$6,425* or mo<br>n one or more pa<br>lations, such as cl | ore?<br>yments and th<br>hild support an | ne total amount you<br>nd alimony. Also, do           |
| Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |                          |   |  |   |  |  |  |   |
|  |                          | ■ No. □ Yes                               | include pay  | each creditor to whom you pair<br>ments for domestic support ob<br>this bankruptcy case.  |  |  |  |   |
|  | Creditor'                | s Name and                                | d Address  | Dates of payme  | nt Total amount  | Amount you   | Was this p                               | ayment for  |

Case 17-33414-KLP Doc 1 Filed 07/06/17 Entered 07/06/17 08:31:11 Desc Main Page 38 of 62 Document Debtor 1 ase number (*if known*) Jessica S. Gonzalez Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave

per person

Address:

Person to Whom You Gave the Gift and

the gifts

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| 14. | Within 2 years before you filed for bankr  ■ No  □ Yes. Fill in the details for each gift or co                                       |             | did you give any gifts or contributions with a tot  | al value of more than                   | \$600 to any charity?     |
|-----|---|-------------|---|---|---------------------------|
|     | Gifts or contributions to charities that it<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code |             | Describe what you contributed   | Dates you contributed                   | Value                     |
| Par | t 6: List Certain Losses  |             |   |   |                           |
| 15. | Within 1 year before you filed for bankru or gambling?  | iptcy or    | since you filed for bankruptcy, did you lose any  | rthing because of the                   | ft, fire, other disaster, |
|     | ☐ Yes. Fill in the details.  Describe the property you lost and how the loss occurred   | Include     | the any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost    |
| Par | t 7: List Certain Payments or Transfers   | s           |   |   |                           |
|     | consulted about seeking bankruptcy or   | preparii    | id you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require           |   | erty to anyone you        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y                                   | <b>′</b> ou | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment         |
|     | Winslow & McCurry, PLLC<br>1324 Sycamore Square Suite 202C<br>Midlothian, VA 23113<br>chris@wmmlegal.com                              |             | Attorney Fees \$1125.00 + \$335.00 filing fee + \$40.00 credit report   | 5/12/2017                               | \$1,500.00                |
|     | Abacus Credit Counseling<br>17337 Ventura Boulevard<br>Ste. 226<br>Encino, CA 91316   |             | Credit Counseling   | 3/12/2017                               | \$25.00                   |
| 17. | promised to help you deal with your cree Do not include any payment or transfer that  | ditors o    |   | or transfer any prope                   | erty to anyone who        |
|     | ■ No □ Yes. Fill in the details.  |             |   |   |                           |
|     | Person Who Was Paid Address   |             | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment         |

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Debtor 1 Jessica S. Gonzalez

|  | transfer<br>Include I  | 2 years before you filed for bankrup<br>rred in the ordinary course of your l<br>both outright transfers and transfers m<br>gifts and transfers that you have alrea | busines<br>nade as | ss or financial affa<br>security (such as  | airs?<br>the granting of a |                               |   |   |  |  |
|--|--|---|--------------------|--|----------------------------|-------------------------------|---|---|--|--|
|  | ☐ Yes  | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  | Person<br>Addres   | n Who Received Transfer<br>ss   |                    | Description and v<br>property transfer   |                            | pa                            | escribe any property or<br>yments received or debts<br>id in exchange | Date transfer was made                        |  |  |
|  | Person   | n's relationship to you   |                    |  |                            |                               | -   |   |  |  |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or simila beneficiary? (These are often called asset-protection devices.) |  |   |                    |  |                            | ttled trust or similar device | of which you are a  |   |  |  |
|  | ■ No   |   |                    |  |                            |                               |   |   |  |  |
|  |  | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  | Name o   | of trust  |                    | Description and v  | alue of the pro            | operty tr                     | ansferred   | Date Transfer was made                        |  |  |
| Par  | t 8: Li  | ist of Certain Financial Accounts, Ir   | nstrume            | ents, Safe Deposi  | t Boxes, and S             | torage l                      | Jnits   |   |  |  |
|  | sold, m  | 1 year before you filed for bankrupt<br>oved, or transferred?<br>checking, savings, money market,   | •                  | •  |                            |                               |   |   |  |  |
|  |  | , pension funds, cooperatives, asso   |                    |  |                            |                               |   | i amono, brokorago                            |  |  |
|  | ☐ Ye   | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) |   |                    | Last 4 digits of Type of account account number instrument                           |                            | ount or                       | Date account was closed, sold, moved, or transferred                  | Last balance<br>before closing or<br>transfer |  |  |
| 21.  |  | now have, or did you have within 1<br>r other valuables?  | year be            | efore you filed for  | bankruptcy, a              | any safe                      | deposit box or other depos  | itory for securities,                         |  |  |
|  | ■ No   |   |                    |  |                            |                               |   |   |  |  |
|  |  | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  |  | of Financial Institution<br>SS (Number, Street, City, State and ZIP Code)   |                    | Who else had acc<br>Address (Number, S<br>State and ZIP Code)                        |                            | Descri                        | ibe the contents  | Do you still have it?                         |  |  |
| 22.  | Have yo  | ou stored property in a storage unit  |                    | ŕ  | home within                | 1 year be                     | efore you filed for bankrupto   | cy?   |  |  |
|  | ■ No   |   |                    |  |                            |                               |   |   |  |  |
|  | _  | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)          |   | 1                  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) |                            | Descri                        | ibe the contents  | Do you still have it?                         |  |  |
|  |  |   |                    | ŕ  |                            |                               |   |   |  |  |
| Par  | 19: Id   | lentify Property You Hold or Contro   | of for So          | meone Else   |                            |                               |   |   |  |  |
| 23.  | Do you<br>for som  | hold or control any property that so eone.  | omeone             | e else owns? Incl  | ude any prope              | rty you l                     | oorrowed from, are storing f  | for, or hold in trust                         |  |  |
|  | ■ No   | s. Fill in the details.   |                    |  |                            |                               |   |   |  |  |
|  | -  | 's Name<br>SS (Number, Street, City, State and ZIP Code)  |                    | Where is the prop<br>(Number, Street, City, S<br>Code)                               |                            | Descri                        | ibe the property  | Value   |  |  |
| Par  | t 10: G  | ive Details About Environmental In  |                    | •  |                            |                               |   |   |  |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5

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Debtor 1 Jessica S. Gonzalez

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|   | hazardous material, pollutant, contaminant, or similar term.   |  |  |                    |  |                    |  |  |
|---|--|--|--|--------------------|--|--------------------|--|--|
| Rep   | Report all notices, releases, and proceedings that you know about, regardless of when they occurred.                                   |  |  |                    |  |                    |  |  |
| 24.   | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |                    |  |  |
|   |  | No   |  |                    |  |                    |  |  |
|   | _  | Yes. Fill in the details.  |  |                    |  |                    |  |  |
|   |  | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | t                  | Environmental law, if you know it              | Date of notice     |  |  |
| 25.   | Have you notified any governmental unit of any release of hazardous material?  |  |  |                    |  |                    |  |  |
|   |  | No<br>Yes. Fill in the details.  |  |                    |  |                    |  |  |
|   | Name of site<br>Address (Number, Street, City, State and ZIP Code)   |  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |                    | Environmental law, if you know it              | Date of notice     |  |  |
| 26.   | Hav  | re you been a party in any judicial or adn   | ninistrative proceeding under any envi                                     | ronn               | nental law? Include settlements a              | nd orders.         |  |  |
|   | ■ No □ Yes. Fill in the details.   |  |  |                    |  |                    |  |  |
|   | Case Title Case Number   |  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case |  | Status of the case |  |  |
| Par   | t 11:  | Give Details About Your Business or  | Connections to Any Business  |                    |  |                    |  |  |
|   |  | _  |  | v of               | the following connections to any               | husiness?          |  |  |
| 27.   | VVIL   | hin 4 years before you filed for bankrupt $\Box$ A sole proprietor or self-employed in   | • •  | -                  | •  | Dusiliess :        |  |  |
|   |  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |                    |  |                    |  |  |
|   |  | ☐ A partner in a partnership   | any (220) or miniou habitity parational                                    | .p (=              | <b>-</b> . ,                                   |                    |  |  |
|   |  | ☐ An officer, director, or managing exc  | ecutive of a corporation   |                    |  |                    |  |  |
|   |  | ☐ An owner of at least 5% of the voting  | ·  |                    |  |                    |  |  |
|   |  | No. None of the above applies. Go to F   |  |                    |  |                    |  |  |
|   | _  | Yes. Check all that apply above and fill   |  | <b>.</b>           |  |                    |  |  |
|   | Bu   | siness Name  | Describe the nature of the business  | -                  | Employer Identification number                 |                    |  |  |
|   |  | dress mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   |                    | Do not include Social Security number or ITIN. |                    |  |  |
|   |  |  |  |                    | Dates business existed                         |                    |  |  |
| 28.   |  | hin 2 years before you filed for bankrupt<br>citutions, creditors, or other parties.   | cy, did you give a financial statement t                                   | o an               | yone about your business? Inclu                | de all financial   |  |  |
|   |  | No   |  |                    |  |                    |  |  |
|   |  | Yes. Fill in the details below.  |  |                    |  |                    |  |  |
| Name Address (Number, Street, City, State and ZIP Code) |  |  |  |                    |  |                    |  |  |
| _   | _  |  |  |                    |  |                    |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 17-33414-KLP Doc 1 Filed 07/06/17 Entered 07/06/17 08:31:11 Desc Main Page 42 of 62 Case number (if known) Document

Debtor 1 Jessica S. Gonzalez

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jessica S. Gonzalez Signature of Debtor 2 Jessica S. Gonzalez Signature of Debtor 1 Date July 6, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1           | Jessica S. Gor |             |           |                       |
|--------------------|----------------|-------------|-----------|-----------------------|
|                    | First Name     | Middle Name | Last Name |                       |
| Debtor 2           |                |             |           |                       |
| Spouse if, filing) | First Name     | Middle Name | Last Name |                       |
| f known)           |                |             |           | ☐ Check if this is an |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral  | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's Bank Of America name:   | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □No   |
| Description of property securing debt:  2006 BMW X5 80K+ miles NADA value  | Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:   | ■ Yes   |
| Creditor's Envoy Plaza Condominum  | ■ Surrender the property.   | ■ No  |
| Description of property securing debt:  Description of property securing debt:  Dutchess County Tax assessment value | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ☐ Yes   |
| Creditor's Hudson Valley FCU   | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □No   |
| Description of property  2012 Honda Accord 90K+ miles NADA value   | ■ Retain the property and redeem it.  ■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:                                     | ■ Yes   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Deb    | otor 1                           | Jessi             | ca S       | . Gonzalez   |   | Case number (if ki  | (nown)  |                      |
|--------|----------------------------------|-------------------|------------|--|---|---|---|----------------------|
| s      | ecuring                          | debt:             |            |  |   |   |   |                      |
| _      | Creditor's                       | s <b>N</b> a      | ition      | star Mortgage LLC  | ■ Surrender the                                       |   | ■ No  |                      |
| D<br>p | Descripti<br>Property<br>ecuring |                   | Pou<br>Dut | Beechwood Ave. A29<br>ighkeepsie, NY 12601<br>chess County<br>assessment value   | Retain the properties Reaffirmation                   | perty and redeem it. perty and enter into a Agreement. perty and [explain]: | ☐ Yes   |                      |
| in th  | any une<br>e inform              | expired<br>mation | d pers     | expired Personal Property Le<br>sonal property lease that you<br>w. Do not list real estate leas<br>nexpired personal property lea | listed in Schedule G: Exe<br>es. Unexpired leases are | leases that are still in effec  | xpired Leases (Official Form 10<br>tt; the lease period has not yet<br>5(p)(2). | D6G), fill<br>ended. |
| Des    | scribe y                         | our un            | expi       | red personal property leases   |   |   | Will the lease be assume  | d?                   |
| Les    | sor's na                         | me:               |            | Crowne Village at Swift C  | reek  |   | □ No ■ Yes  |                      |
|        | scription<br>perty:              | of leas           | sed        | Residential Lease  |   |   |   |                      |
| Les    | sor's na                         | me:               |            | Envoy Plaza Condominiu   | m   |   | ■ No  |                      |
|        |                                  |                   |            |  |   |   | ☐ Yes   |                      |
|        | scription<br>perty:              | of leas           | sed        | Contract   |   |   |   |                      |
| Par    | t 3: S                           | ign Be            | elow       |  |   |   |   |                      |
|        |                                  |                   |            | ry, I declare that I have indica<br>t to an unexpired lease.   | ted my intention about ar                             | ny property of my estate tha  | at secures a debt and any pers  | onal                 |
| X      | /s/ Je                           | ssica             | S. G       | onzalez  | X   |   |   |                      |
|        |                                  | ca S.<br>ture of  |            |  |   | gnature of Debtor 2   |   |                      |
|        | Date                             | Ju                | ly 6       | , 2017   | Date  |   |   |                      |

Case 17-33414-KLP Doc 1 Filed 07/06/17 Entered 07/06/17 08:31:11 Desc Main Document Page 45 of 62 United States Bankruptcy Court

| TC4     | D'-4              | - C X 7 | • • • |
|---------|-------------------|---------|-------|
| Eastern | <b>District</b> 6 | of Virg | ginia |

| In re | Jessica S. Gonzalez |           |         |   |
|-------|---------------------|-----------|---------|---|
|       |                     | Debtor(s) | Chapter | 7 |

|    | DISCLOSURE OF COMPENSATION OF ATTORNEY FO   | OR DEBTOR  |
|----|---|--|
| 1. | <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in cobankruptcy case is as follows:</li> </ol>  |  |
|    | For legal services, I have agreed to accept \$  | 1,125.00   |
|    |   | 1,125.00   |
|    | Balance Due \$  | 0.00   |
| 2. |   |  |
| 3. | 3. The source of compensation to be paid to me is:  |  |
|    | ✓ Debtor  |  |
| 4. | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are  | e members and associates of my law firm.   |
|    | I have agreed to share the above-disclosed compensation with a person or persons who are not me copy of the agreement, together with a list of the names of the people sharing in the compensation  | embers or associates of my law firm. A n, is attached.   |
| 5. | 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankru a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whet b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned. Other provisions as needed:  Negotiations with secured creditors to reduce to market value; exemption plant reaffirmation agreements and applications as needed; preparation and filing of 522(f)(2)(A) for avoidance of liens on household goods. | ther to file a petition in bankruptcy; red; ned hearings thereof; nning; preparation and filing of |
| 6. | <ol> <li>By agreement with the debtor(s), the above-disclosed fee does not include the following services:         Representation of the debtors in any dischargeability actions, judicial lien avo any other adversary proceeding.     </li> </ol>   | idances, relief from stay actions or   |

# Case 17-33414-KLP Doc 1 Filed 07/06/17 Entered 07/06/17 08:31:11 Desc Main Document Page 46 of 62 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| July 5, 2017 | /s/ Christopher M. Winslow      |
|--------------|---------------------------------|
| Date         | Christopher M. Winslow 76156    |
|              | Signature of Attorney           |
|              | Winslow & McCurry, PLLC         |
|              | Name of Law Firm                |
|              | 1324 Sycamore Square Suite 202C |
|              | Midlothian, VA 23113            |
|              | 804-423-1382 Fax: 804-4231383   |

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,100 (For all Cases Filed on or after 01/01/2016)

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

| the debtor(s), the standing Chapter 13 trustee. ther electronically or in paper form (first class |
|---|
|   |

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| Fill i         | n this information to identify your case:  |  | Cł                           | neck on                | e box only as o                    | directed              | in this form and                     | l in Form                       |
|----------------|--|--|------------------------------|------------------------|------------------------------------|-----------------------|--------------------------------------|---------------------------------|
| Deb            | tor 1 Jessica S. Gonzalez  |  |                              | 22A-1Su                |                                    |                       |                                      |                                 |
|                | otor 2   |  |                              | □ 1. T                 | here is no pres                    | sumption              | n of abuse                           |                                 |
|                | ed States Bankruptcy Court for the: Eastern District   | of Virginia  | _                            | a                      |                                    | nade ur               | nder Chapter 7                       | nption of abuse<br>Means Test   |
| (if kno        | e number<br>own)   |  | _                            | <b>□</b> 3. T          | he Means Test                      | does n                | ot apply now be<br>e but it could ap |                                 |
|                |  |  |                              |                        | eck if this is a                   |                       |                                      | 1 7                             |
| Off            | ficial Form 122A - 1   |  |                              |                        |                                    |                       | 9                                    |                                 |
|                | apter 7 Statement of Your C  | urrent Mont  | hly Inc                      | com                    | е                                  |                       |                                      | 12/15                           |
| attacl<br>case | complete and accurate as possible. If two married peop h a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted fying military service, complete and file Statement of Exempted Calculate Your Current Monthly Income | o which the additional i   | information<br>abuse becau   | applies.<br>use you    | On the top of a do not have print  | ny addit<br>marily co | ional pages, writ<br>onsumer debts o | e your name and<br>r because of |
| 1.             | What is your marital and filing status? Check one  | only.  |                              |                        |                                    |                       |                                      |                                 |
|                | ☐ Not married. Fill out Column A, lines 2-11.  | •  |                              |                        |                                    |                       |                                      |                                 |
|                | ☐ Married and your spouse is filing with you. Fil  | l out both Columns A   | and B, lines                 | s 2-11.                |                                    |                       |                                      |                                 |
|                | ■ Married and your spouse is NOT filing with yo  | u. You and your spo  | use are:                     |                        |                                    |                       |                                      |                                 |
|                | Living in the same household and are not le  | egally separated. Fill   | out both Co                  | olumns                 | A and B. lines:                    | 2-11.                 |                                      |                                 |
|                | Living separately or are legally separated. F<br>penalty of perjury that you and your spouse an<br>living apart for reasons that do not include eva  | Fill out Column A, lines<br>re legally separated ur                    | s 2-11; do na<br>nder nonbai | ot fill ou<br>nkruptcy | t Column B. By<br>y law that appli | checki<br>es or th    |                                      |                                 |
| 10<br>th       | ill in the average monthly income that you received from 01(10A). For example, if you are filing on September 15, the le 6 months, add the income for all 6 months and divide the troouses own the same rental property, put the income from the                                 | 6-month period would be otal by 6. Fill in the result                  | March 1 thro                 | ough Aug<br>ide any ii | just 31. If the amount m           | ount of your          | our monthly incom<br>once. For examp | ne varied during<br>le, if both |
|                |  |  |                              | Colun<br>Debto         |                                    |                       | mn B<br>or 2 or<br>filing spouse     |                                 |
| 2.             | Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | e, and commissions   | (before all                  | \$                     | 6,048.00                           | \$                    | 2,425.00                             |                                 |
| 3.             | Alimony and maintenance payments. Do not inclu<br>Column B is filled in.   | de payments from a s   | spouse if                    | \$                     | 0.00                               | \$                    | 0.00                                 |                                 |
| 4.             | All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househand roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3                  | ort. Include regular concld, your dependents a spouse only if Colum 3. | ntributions<br>, parents,    | \$                     | 0.00                               | \$                    | 0.00                                 |                                 |
| 5.             | Net income from operating a business, profession   | on, or farm<br>Debtor  | . 1                          |                        |                                    |                       |                                      |                                 |
|                | Gross receipts (before all deductions)   | \$ 0.00  | •                            |                        |                                    |                       |                                      |                                 |
|                | Ordinary and necessary operating expenses  | -\$ 0.00   |                              |                        |                                    |                       |                                      |                                 |
|                | Net monthly income from a business, profession, or   | farm \$ 0.00 C   | opy here ->                  | <b>&gt;</b> \$         | 0.00                               | \$                    | 0.00                                 |                                 |
| 6.             | Net income from rental and other real property   | , <u>——</u>  |                              |                        |                                    |                       |                                      |                                 |
|                |  | Debtor   |                              |                        |                                    |                       |                                      |                                 |
|                | Grood recorpte (before all academents)   | \$ 700.0   |                              |                        |                                    |                       |                                      |                                 |
|                | Oramary and necessary operating expenses   | \$0.0  |                              |                        |                                    |                       |                                      |                                 |
|                | Net monthly income from rental or other real   | \$ 700.0   | Copy<br>00 here ->           | . \$                   | 700.00                             | \$                    | 0.00                                 |                                 |
| 7.             | property .   | *  |                              | \$                     | 0.00                               | \$                    | 0.00                                 |                                 |
| ı .            | interest, dividends, and royalites   |  |                              | *                      |                                    |                       |                                      |                                 |

Official Form 122A-1

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Jessica S. Gonzalez

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Case number (if known)

|      |  |  |            | Column A Debtor 1 |            | Column B Debtor 2 c |                              |
|------|--|--|------------|-------------------|------------|---------------------|------------------------------|
| 8.   | Unemployment compensation  |  |            | \$                | 0.00       | \$                  | 0.00                         |
|      | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:   | received was a benef   | it under   |                   |            |                     |                              |
|      | For you\$  | 0.0  | 00         |                   |            |                     |                              |
|      | For your spouse \$   | 0.0  |            |                   |            |                     |                              |
|      | <b>Pension or retirement income.</b> Do not include any amobenefit under the Social Security Act.  |  |            | \$                | 0.00       | \$                  | 0.00                         |
| 10.  | Income from all other sources not listed above. Speci<br>Do not include any benefits received under the Social Se<br>received as a victim of a war crime, a crime against hum<br>domestic terrorism. If necessary, list other sources on a<br>total below. | ecurity Act or paymen<br>anity, or international<br>separate page and pu | ts<br>or   | \$                | 0.00       | \$                  | 0.00                         |
|      | Total analysis from an analysis and if any   |  |            | \$                | 0.00       | \$                  | 0.00                         |
|      | Total amounts from separate pages, if any.   |  | +          | <b>\$</b>         | 0.00       | \$                  | 0.00                         |
| 11.  | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total  |  | \$         | 6,748.00          | +          | 2,425.00            | 9,173.00                     |
| Part | 2: Determine Whether the Means Test Applies to   | You  |            |                   |            |                     | Total current monthly income |
| 12.  | Calculate your current monthly income for the year.  | Follow these steps:  |            |                   |            |                     |                              |
|      | 12a. Copy your total current monthly income from line 11   |  |            | Сору              | line 11    | here=>              | \$9,173.00_                  |
|      | Multiply by 12 (the number of months in a year)  |  |            |                   |            |                     | <b>x</b> 12                  |
|      | 12b. The result is your annual income for this part of the   | form   |            |                   |            | 12k                 | o. \$ 110,076.00             |
| 13.  | Calculate the median family income that applies to y   | ou. Follow these step  | s:         |                   |            |                     |                              |
|      | Fill in the state in which you live.   | VA   |            |                   |            |                     |                              |
|      | Fill in the number of people in your household.  | 4  |            |                   |            |                     |                              |
|      | Fill in the median family income for your state and size o   | f household.   |            |                   |            | 13.                 | \$ 97,731.00                 |
|      | To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankru   |  | pecified i | in the separa     | te instruc | tions               |                              |
| 14.  | How do the lines compare?  |  |            |                   |            |                     |                              |
|      | 14a. $\square$ Line 12b is less than or equal to line 13. On Go to Part 3.   | the top of page 1, ch  | eck box    | 1, There is n     | o presun   | nption of abus      | se.                          |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.   | page 1, check box 2,   | The pre    | esumption of      | abuse is   | determined b        | y Form 122A-2.               |
| Part | 3: Sign Below  |  |            |                   |            |                     |                              |
|      | By signing here, I declare under penalty of perjury t  | hat the information or   | n this sta | tement and i      | n any att  | achments is t       | rue and correct.             |
|      | χ /s/ Jessica S. Gonzalez  |  |            |                   |            |                     |                              |
|      | Jessica S. Gonzalez Signature of Debtor 1  |  |            |                   |            |                     |                              |
|      | Date <b>July 6, 2017</b>   |  |            |                   |            |                     |                              |
|      | MM/DD/YYYY   | 1001.0   |            |                   |            |                     |                              |
|      | If you checked line 14a, do NOT fill out or file Form  |  |            |                   |            |                     |                              |
|      | If you checked line 14b, fill out Form 122A-2 and file   | e it with this form.   |            |                   |            |                     |                              |

Debtor 1

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| Ξij        | I in this information to identify your case:  |                        |  |
|------------|---|------------------------|--|
|            |   |                        | Check the appropriate box as directed in lines 40 or 42: |
| Del        | btor 1 Jessica S. Gonzalez  | -                      | According to the calculations required by this           |
|            | btor 2<br>bouse, if filing)   | -                      | Statement:   |
| ` .        | ited States Bankruptcy Court for the: Eastern District of Virginia  |                        | ■ 1. There is no presumption of abuse.                   |
|            |   | -                      | ☐ 2. There is a presumption of abuse.                    |
|            | se numberknown)   | -                      |  |
|            |   | С                      | ☐ Check if this is an amended filing                     |
|            | fficial Form 122A - 2   |                        |  |
| Cł         | hapter 7 Means Test Calculation   |                        | 04/1   |
| To f       | fill out this form, you will need your completed copy of Chapter 7 Statem   | ent of Your Current    | Monthly Income (Official Form 122A-1).                   |
| spa<br>add | as complete and accurate as possible. If two married people are filing to the ce is needed, attach a separate sheet to this form, Include the line numb litional pages, write your name and case number (if known).  The complete and accurate as possible. If two married people are filing to the complete in the complete is needed. |                        |  |
| 1.         | Copy your total current monthly income. Copy line 11  | from Official Form 12  | 22A-1 here=> \$ 9,173.00                                 |
| 2.         | Did you fill out Column B in Part 1 of Form 122A-1?   |                        |  |
|            | ☐ No. Fill in \$0 for the total on line 3.  |                        |  |
|            | ■ Yes. Is your spouse Filing with you?  |                        |  |
|            | ■ No. Go to line 3.   |                        |  |
|            | ☐ Yes. Fill in \$0 for the total on line 3.   |                        |  |
| 3.         | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps:  | pouse's income not u   | used to pay for the                                      |
|            | On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents?   | reported for your spou | use NOT regularly used for the household                 |
|            | ■ No. Fill in 0 for the total on line 3.  |                        |  |
|            | ☐ Yes. Fill in the information below:   |                        |  |
|            | State each purpose for which the income was used  | Fill in the amou       | unt vou  |
|            | For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.  | are subtracting        | g from   |
|            |   | \$                     | _  |
|            |   | _ \$                   |  |
|            |   | \$                     |  |
|            |   | -                      |  |
|            | Total.  | \$                     | <u> </u>   |
|            |   |                        | Copy total here=> \$0.00                                 |
|            |   |                        |  |
|            |   |                        | \$ 9,173.00  |

Official Form 122A-2

|         |  | ed 07/06/17 Entered 07/06/17 08:31:11 Desc Main ument Page 50 of 62   |
|---------|--|---|
| ebtor 1 | Jessica S. Gonzalez  | Case number (if known)  |
| Part 2  | Calculate Your Deductions from Your Income   |   |
| to a    |  | Local Standards for certain expense amounts. Use these amounts tandards, go online using the link specified in the separate available at the bankruptcy clerk's office.   |
| you     | ractual expenses if they are higher than the standards. D  | ss of your actual expense. In later parts of the form, you will use some of Do not deduct any amounts that you subtracted fro your spouse's that you subtracted from in income in lines 5 and 6 of form 122A-1.   |
| If yo   | ur expenses differ from month to month, enter the average  | age expense.  |
| Whe     | enever this part of the from refers to you, it means both you  | you and your spouse if Column B of Form 122A-1 is filled in.  |
| 5.      | The number of people used in determining your ded  | eductions from income   |
|         | Fill in the number of people who could be claimed as explus the number of any additional dependents whom you the number of people in your household. |   |
| Nat     | onal Standards You must use the IRS National   | nal Standards to answer the questions in lines 6-7.   |
| 6.      | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and                                    |   |
| 7.      | the dollar amount for out-of-pocket health care. The nun   | nber of people you entered in line 5 and the IRS National Standards, fill in umber of people is split into two categoriespeople who are under 65 and re a higher IRS allowance for health care costs. If your actual expenses are tional amount on line 22. |
| Pec     | ple who are under 65 years of age  |   |
|         | 7a. Out-of-pocket health care allowance per person   | \$ <b>49</b> _  |
|         | 7b. Number of people who are under 65  | X4  |
|         | 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$196.00 Copy here=> \$196.00   |
| Pec     | ple who are 65 years of age or older   |   |
|         | 7d. Out-of-pocket health care allowance per person   | \$ 117  |
|         | 7e. Number of people who are 65 or older   | X0  |

\$ 0.00

Copy here=>

196.00

+\$

0.00

Copy total here=>

7f. **Subtotal.** Multiply line 7d by line 7e.

7g. Total. Add line 7c and line 7f

196.00

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Jessica S. Gonzalez Case number (if known) Debtor 1

| Loc | al St | andards    | You must use the IRS Local Standards to a  | nswer the q    | uestions in lin   | es 8-15.       |                  |                |                                 |          |
|-----|-------|------------|--|----------------|-------------------|----------------|------------------|----------------|---------------------------------|----------|
|     |       |            | tion from the IRS, the U.S. Trustee Prograses into two parts:  | m has divid    | ded the IRS L     | ocal Stand     | lard for housir  | ng for         |                                 |          |
|     | Hous  | ing and u  | tilities - Insurance and operating expense   | S              |                   |                |                  |                |                                 |          |
|     | Hous  | ing and u  | tilities - Mortgage or rent expenses   |                |                   |                |                  |                |                                 |          |
| То  | answ  | er the qu  | estions in lines 8-9, use the U.S. Trustee P   | rogram ch      | art.              |                |                  |                |                                 |          |
|     |       |            | o online using the link specified in the separa be available at the bankruptcy clerk's office.   |                | ons for this forr | n.             |                  |                |                                 |          |
| 8.  |       |            | utilities - Insurance and operating expens<br>mount listed for your county for insurance and   |                |                   |                |                  | 5, fill<br>\$  |                                 | 626.00   |
| 9.  | Hou   | sing and   | utilities - Mortgage or rent expenses:   |                |                   |                |                  |                |                                 |          |
|     | 9a.   |            | e number of people you entered in line 5, fill in your county for mortgage or rent expenses  |                |                   |                | \$ <b>1</b> ,    | 516.00         |                                 |          |
|     | 9b.   | Total ave  | erage monthly payment for all mortgages and  | other debts    | s secured by y    | our home.      |                  |                |                                 |          |
|     |       | contractu  | late the total average monthly payment, add a<br>ually due to each secured creditor in the 60 m<br>ruptcy. Then divide by 60.  |                |                   |                |                  |                |                                 |          |
|     |       | Name of    | the creditor   | Average paymer | e monthly<br>nt   |                |                  |                |                                 |          |
|     |       | -NONE-     | •  | \$             |                   |                |                  |                |                                 |          |
|     |       |            | Total average monthly payment  | \$             | 0.00              | Copy<br>here=> | -\$              | 0.00           | Repeat this amount on line 33a. |          |
|     | 9c.   | Net mort   | gage or rent expense.  |                |                   |                |                  |                |                                 |          |
|     |       |            | line 9b (total average monthly payment) from xpense). If this amount is less than \$0, enter the state of the |                |                   | \$             | 1,516.00         | Copy<br>here=> | \$                              | 1,516.00 |
| 10. |       |            | hat the U.S. Trustee Program's division of alculation of your monthly expenses, fill in  |                |                   |                | ng is incorrect  | and            | \$                              | 24.00    |
|     | Ex    | plain why: |  |                |                   |                |                  |                |                                 |          |
| 11. | Loc   | al transp  | ortation expenses: Check the number of vel   | hicles for wh  | nich you claim    | an ownersh     | hip or operating | expense.       |                                 |          |

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

430.00

| Debtor 1 |           | e 17-33414-KLP<br>ca S. Gonzalez   |                      | ed 07/<br>cumen | /06/17<br>t Pa  | Entere       |                 | 5/17 08:31 | l:11 Desc                                      | c Main |
|----------|-----------|--|----------------------|-----------------|-----------------|--------------|-----------------|------------|--|--------|
|          | You may   | ownership or lease ex<br>not claim the expense<br>n two vehicles.            |                      |                 |                 |              |                 |            |  |        |
| Veh      | nicle 1   | Describe Vehicle 1:  | 2012 Honda Acc       | ord 90K         | (+ miles l      | NADA valu    | ie              |            |  |        |
| 13a.     | Ownersh   | ip or leasing costs using  | g IRS Local Standard | d               |                 |              | \$              | 485.00     |  |        |
| 13b.     | •         | monthly payment for all clude costs for leased v                             | •                    | ehicle 1.       |                 |              |                 |            |  |        |
|          | are contr | ate the average monthl<br>actually due to each sec<br>cy. Then divide by 60. |                      |                 |                 |              | at              |            |  |        |
|          | Nan       | ne of each creditor for  | Vehicle 1            |                 | Average payment | monthly      |                 |            |  |        |
|          | Hue       | dson Valley FCU  |                      |                 | \$              | 104.90       |                 |            |  |        |
|          |           | Total A  | verage Monthly Payı  | ment            | \$              | 104.90       | Copy<br>here => | -\$10      | Nepeat this amount on line 33b.                |        |
|          |           | cle 1 ownership or lease<br>line 13b from line 13a. i                        | •                    | than \$0,       | enter \$0.      |              | \$              | 380.10     | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 380.10 |
| Veh      | nicle 2   | Describe Vehicle 2:  | 2006 BMW X5 80       | K+ mile         | es NADA         | value        |                 |            |  |        |
| 13d.     | Ownersh   | ip or leasing costs using  | g IRS Local Standard | d               |                 |              | . \$            | 485.00     |  |        |
|          | Average   | monthly payment for all  | debts secured by Ve  | ehicle 2. I     | Do not incl     | ude costs fo | r               |            |  |        |

| paymer | e monthly<br>nt |
|--------|-----------------|
| \$     | 97.23           |
|        | _               |

Total Average Monthly Payment \$ 97.23 Copy here => -\$ 97.23 Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. .....

|              | Copy net<br>Vehicle 2 |        |
|--------------|-----------------------|--------|
| \$<br>387.77 | expense<br>here => \$ | 387.77 |
|              |                       |        |

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ 0.00

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

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Debtor 1 Jessica S. Gonzalez Case number (if known)

| Oth | er Necessary Expenses   | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.   | for |          |
|-----|---|---|-----|----------|
| 16. | self-employment taxes, soc your pay for these taxes. Ho       | mount that you will actually owe for federal, state and local taxes, such as income taxes, ial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 om the total monthly amount that is withheld to pay for taxes. |     | 4.070.00 |
|     | Do not include real estate, s                                 | sales, or use taxes.  | \$  | 1,372.00 |
| 17. | <b>Involuntary deductions:</b> T contributions, union dues, a | he total monthly payroll deductions that your job requires, such as retirement nd uniform costs.  |     |          |
|     | Do not include amounts tha                                    | t are not required by your job, such as voluntary 401(k) contributions or payroll savings.  | \$  | 323.00   |
| 18. | filing together, include paym                                 | nonthly premiums that you pay for your own term life insurance. If two married people are nents that you make for your spouse's term life insurance. Do not include premiums for life ints, for a non-filing spouse's life insurance, or for any form of life insurance other than  | \$  | 145.00   |
| 19. | . ,   | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.  |     |          |
|     | Do not include payments or                                    | past due obligations for spousal or child support. You will list these obligations in line 35.  | \$  | 0.00     |
| 20. | Education: The total month as a condition for your jo         | nly amount that you pay for education that is either required: b, or  |     |          |
|     |   | ntally challenged dependent child if no public education is available for similar services.   | \$  | 0.00     |
| 21. | Childcare: The total month                                    | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |     |          |
|     | Do not include payments fo                                    | r any elementary or secondary school education.   | \$  | 1,060.00 |
| 22. | that is required for the healt                                | penses, excluding insurance costs: The monthly amount that you pay for health care h and welfare of you or your dependents and that is not reimbursed by insurance or paid to Include only the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insurar                                   | nce or health savings accounts should be listed only in line 25.  | \$  | 0.00     |
| 23. | for you and your dependent                                    | <b>lephone services:</b> The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of ed by your employer.                                |     |          |
|     |   | r basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$ | 0.00     |
| 24. | Add all of the expenses al<br>Add lines 6 through 23.         | lowed under the IRS expense allowances.   | \$  | 8,109.87 |

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Debtor 1 **Jessica S. Gonzalez** Case number (if known)

| Add | itional Expense Deductions These are additional of   | deductions allowed by the                               | e Means Test.   |     |          |
|-----|--|---|---|-----|----------|
|     | Note: Do not include a   | any expense allowances                                  | listed in lines 6-24.   |     |          |
| 25. | Health insurance, disability insurance, and health s insurance, disability insurance, and health savings according your dependents.  |   |   | ,   |          |
|     | Health insurance   | \$ 726.00   |   |     |          |
|     | Disability insurance   | \$0.00  |   |     |          |
|     | Health savings account   | + \$ 0.00   |   |     |          |
|     |  |   |   |     |          |
|     | Total  | \$726.00  | Copy total here=>   | \$  | 726.00   |
|     | Do you actually spend this total amount?   |   |   |     |          |
|     | No. How much do you actually spend?  |   |   |     |          |
|     | Yes  | \$  |   |     |          |
| 26. | Continued contributions to the care of household of<br>continue to pay for the reasonable and necessary care<br>your household or member of your immediate family while<br>include contributions to an account of a qualified ABLE | and support of an elderly<br>no is unable to pay for su | c, chronically ill, or disabled member of ch expenses. These expenses may | \$  | 0.00     |
| 27. | <b>Protection against family violence.</b> The reasonably n safety of you and your family under the Family Violence  | , , ,   | •   |     |          |
|     | By law, the court must keep the nature of these expens   | es confidential.  |   | \$  | 0.00     |
| 28. | Additional home energy costs. Your home energy coline 8.   | ests are included in your i                             | nsurance and operating expenses on  |     |          |
|     | If you believe that you have home energy costs that are 8, then fill in the excess amount of home energy costs.  | e more than the home en                                 | ergy costs included in expenses on line                                   |     |          |
|     | You must give your case trustee documentation of your amount claimed is reasonable and necessary.  | r actual expenses, and yo                               | ou must show that the additional  | \$  | 0.00     |
| 29. | Education expenses for dependent children who ar \$160.42* per child) that you pay for your dependent chi public elementary or secondary school.   |   |   |     |          |
|     | You must give your case trustee documentation of your claimed is reasonable and necessary and not already a  |   |   |     |          |
|     | * Subject to adjustment on 4/01/19, and every 3 years a  | after that for cases begur                              | on or after the date of adjustment.                                       | \$  | 300.00   |
| 30. | <b>Additional food and clothing expense.</b> The monthly a higher than the combined food and clothing allowances than 5% of the food and clothing allowances in the IRS  | in the IRS National Stan                                |   |     |          |
|     | To find a chart showing the maximum additional allowa instructions for this form. This chart may also be available   |   |   |     |          |
|     | You must show that the additional amount claimed is re   | easonable and necessary                                 | <b>'</b> .  | \$  | 57.00    |
| 31. | <b>Continuing charitable contributions.</b> The amount that instruments to a religious or charitable organization. 26  |   | stribute in the form of cash or financial                                 | +\$ | 0.00     |
| 32. | Add all of the additional expense deductions. Add lines 25 through 31.   |   |   | \$  | 1,083.00 |

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Debtor 1 Jessica S. Gonzalez Case number (if known)

| Dedu     | ctions for Debt Payment  |  |       |  |                         |                     |
|----------|--|--|-------|--|-------------------------|---------------------|
| lo<br>To | pans, and other secured debt, fill in l                                    | ayment, add all amounts that are contractually   |       |  |                         |                     |
| Ci       | Mortgages on your home:  | r bankruptey. Their divide by 66.  |       |  |                         | verage monthly      |
| 33a.     | Copy line 9b here  |  |       | =  | •                       | 0.00                |
|          | Loans on your first two vehicles:  |  |       |  |                         |                     |
| 33b.     | Copy line 13b here   |  |       | =  | <b>:&gt;</b> \$         | 104.90              |
| 33c.     |  |  |       |  | :> \$                   | 97.23               |
| 33d.     | List other secured debts:  |  |       |  |                         |                     |
| Name     | of each creditor for other secured debt                                    | Identify property that secures the debt  |       | Does payment include taxes of insurance? |                         |                     |
|          |  |  |       | □ No                                     |                         |                     |
|          | -NONE-   |  |       | □ Yes                                    | \$                      |                     |
|          |  |  |       |  | Ψ                       |                     |
|          |  |  |       | □ No                                     |                         |                     |
|          |  |  |       | _  | \$                      |                     |
|          |  |  |       | □ No                                     |                         |                     |
|          |  |  |       | ☐ Yes                                    | +\$                     |                     |
|          |  |  |       |  | <b>τψ</b><br>Γ          |                     |
| 33e.     | Total average monthly payment. Add   | lines 33a through 33d  | \$_   | 202.13                                   | Copy<br>total<br>here=> | \$\$                |
|          |  | B secured by your primary residence, a vehic<br>support or the support of your dependents?                                     | ele,  |  | _                       |                     |
|          | - 110. Go to inio co.  |  |       |  |                         |                     |
|          |  | st pay to a creditor, in addition to the payments ssion of your property (called the <i>cure amount</i> ) e information below. |       |  |                         |                     |
| Nam      | e of the creditor  | Identify property that secures the debt  |       | Total cure amount                        |                         | Monthly cure amount |
| -NO      | ONE-   |  |       | \$ ÷                                     | -60 = \$                |                     |
|          |  | Tota   | al \$ | 0.00                                     | Copy<br>total<br>here=> | \$                  |
|          |  | as a priority tax, child support, or alimony - t<br>ur bankruptcy case? 11 U.S.C. § 507.                                       | hat   |  |                         |                     |
|          |  |  |       |  |                         |                     |
|          | Yes. Fill in the total amount of all of<br>ongoing priority claims, such a | these priority claims. Do not include current or is those you listed in line 19.   |       |  |                         |                     |
|          | Total amount of all past-due   | priority claims  | \$    | 0.00                                     | ÷ 60 =                  | \$ 0.00             |

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| Debtor 1       | Jess           | sica S. Gonzalez   |                       | Cas              | e nur       | mber (if known   |                |              |                 |
|----------------|----------------|--|-----------------------|------------------|-------------|------------------|----------------|--------------|-----------------|
| F              | or more        | eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bas ns for this form. Bankruptcy Basics may also be availab                                     | sics specified        |                  |             | ffice.           |                |              |                 |
|                | No.            | Go to line 37.   |                       |                  |             |                  |                |              |                 |
|                | Yes.           | Fill in the following information.   |                       |                  |             |                  |                |              |                 |
|                |                | Projected monthly plan payment if you were filing under  | r Chapter 13          | 3                | \$_         |                  |                |              |                 |
|                |                | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts). | istricts in Ala       | ustees           | X _         |                  |                |              |                 |
|                |                | To find a list of district multipliers that includes your dis<br>the link specified in the separate instructions for this fo<br>be available at the bankruptcy clerk's office.                             |                       |                  |             |                  |                | copy total   |                 |
|                |                | Average monthly administrative expense if you were fil   | ing under Ch          | napter 13        | (           | \$               |                | ere=> \$     |                 |
|                |                | of the deductions for debt payment. ss 33e through 36.   |                       |                  |             |                  |                | \$_          | 202.13          |
| Total          | Deduc          | tions from Income  |                       |                  |             |                  |                |              |                 |
| 38. <b>A</b>   | dd all c       | of the allowed deductions.   |                       |                  |             |                  |                |              |                 |
|                |                | ne 24, All of the expenses allowed under IRS<br>e allowances   | \$                    | 8,109.87         | ,           |                  |                |              |                 |
|                | •              | ne 32, All of the additional expense deductions  | \$                    | 1,083.00         | _<br>)      |                  |                |              |                 |
| (              | Copy lin       | ne 37, All of the deductions for debt payment  | +\$                   | 202.13           | _<br>}      |                  |                |              |                 |
|                |                | Total deductions   | \$                    | 9,395.00         | _<br>)<br>_ | Copy total       | here           | => \$        | 9,395.00        |
| Part 3:        | Det            | termine Whether There is a Presumption of Abuse  |                       |                  |             |                  |                |              |                 |
| 39. <b>C</b>   | alculat        | e monthly disposable income for 60 months  |                       |                  |             |                  |                |              |                 |
| ;              | 39a. Co        | py line 4, adjusted current monthly income   | \$                    | 9,173.00         | )           |                  |                |              |                 |
| ;              | 39b. Co        | py line 38, Total deductions   | - \$                  | 9,395.00         | )           |                  |                |              |                 |
| ;              |                | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a   | \$                    | -222.00          | )           | Copy<br>here=>\$ |                | -222.0       | 0_              |
| ı              | For the        | next 60 months (5 years)   |                       |                  |             |                  | x 60           |              |                 |
| ;              | 39d. <b>To</b> | tal. Multiply line 39c by 60   | 39d.                  | \$               | -13,        | 320.00           | Copy<br>here=> | \$           | -13,320.00      |
| 40. <b>F</b> i | ind out        | whether there is a presumption of abuse. Check the   | box that app          | olies:           |             |                  |                |              |                 |
|                | The I          | ine 39d is less than \$7,700*. On the top of page 1 of the   | nis form, che         | ck box 1, The    | ere i       | is no presu      | mption of      | fabuse. Go   | to Part 5.      |
|                |                | ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.  | f this form, cl       | heck box 2, 7    | Ther        | re is a pres     | umption (      | of abuse. Yo | ou may fill out |
|                | ] The I        | ine 39d is at least \$7,700*, but not more than \$12,850   | <b>0*.</b> Go to line | 41.              |             |                  |                |              |                 |
| *5             | Subject        | to adjustment on 4/01/19, and every 3 years after that fo  | or cases filed        | l on or after tl | he d        | late of adju     | stment.        |              |                 |

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| Debtor         | 1 <b>J</b> ( | ess   | ica S. Gonzalez  | Case nu | umber (ii | f known)          |                 |                |                |       |
|----------------|--------------|---|--|---------|-----------|-------------------|-----------------|----------------|----------------|-------|
|                |              |   |  |         |           |                   |                 |                |                |       |
| 41.            | 4′           | 1a.   | Fill in the amount of your total nonpriority unsecured debt. If you filled our A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. |         | <u>x</u>  | .25               | 5               |                |                |       |
|                | 4′           | 1b.   | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l) Multiply line 41a by 0.25   |         | S         |                   |                 | Copy<br>here=> | \$             |       |
|                |              |   | Widitiply line 41a by 0.25   |         |           |                   |                 |                |                |       |
| 42.            | 25%          | of y  | ne whether the income you have left over after subtracting all allowed ded<br>our unsecured, nonpriority debt.<br>e box that applies:  | ductio  | ons is    | enoug             | jh to pa        | y              |                |       |
|                |              | Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. |  |         |           |                   |                 |                |                |       |
|                |              |   | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, chec <i>imption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The   |         |           |                   | a               |                |                |       |
| Part 4         | !:           | Giv   | e Details About Special Circumstances  |         |           |                   |                 |                |                |       |
| 43. <b>D</b> e | o you        | hav   | re any special circumstances that justify additional expenses or adjustme  | ents c  | of curi   | rent mo           | onthly in       | ncome f        | or which there | is no |
| re             | asona        | able  | alternative? 11 U.S.C. § 707(b)(2)(B).   |         |           |                   |                 |                |                |       |
|                | l No.        | Go  | to Part 5.   |         |           |                   |                 |                |                |       |
| -              | Yes.         |   | in the following information. All figures should reflect your average monthly expm. You may include expenses you listed in line 25.  | xpense  | e or in   | come a            | adjustme        | nt for e       | ach            |       |
|                |              | ne  | u must give a detailed explanation of the special circumstances that make the ecessary and reasonable. You must also give your case trustee documentation custments.   |         |           |                   |                 |                |                |       |
|                |              | G   |  |         |           | onthly<br>adjustr | expense<br>nent | 9              |                |       |
|                |              | Н   | usband's debt payments   | \$      |           |                   | 1,080.0         | 0              |                |       |
|                |              |   |  | \$      |           |                   |                 |                |                |       |
|                |              |   |  | \$      |           |                   |                 |                |                |       |
|                |              |   |  | \$      |           |                   |                 |                |                |       |
|                |              | _   |  | _       |           |                   |                 |                |                |       |
| Part 5         |              |   | n Below  |         |           |                   |                 |                |                |       |
|                | B            | sy sig  | gning here, I declare under penalty of perjury that the information on this statem   | ment a  | and in    | any att           | tachmen         | ts is true     | and correct.   |       |
|                | X            |   | Jessica S. Gonzalez  |         |           |                   |                 |                |                |       |
|                |              |   | ssica S. Gonzalez<br>pature of Debtor 1  |         |           |                   |                 |                |                |       |
|                | Date         |   | ly 6, 2017   |         |           |                   |                 |                |                |       |
|                |              | MN  | M/DD/YYYY  |         |           |                   |                 |                |                |       |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-33414-KLP Amex Correspondence Po Box 981540

Doc 1 Elafileth 27/106 Stervice Entered 07/06/17 08/34/34/34/3vs Desse Main Ploogyment Page 62 of 62 Saint Louis, MO 63166

Po Box 965064 Orlando, FL 32896

Bank Of America Po Box 982238 El Paso, TX 79998

El Paso, TX 79998

Envoy Plaza Condominium 250 Beechwood Ave. Poughkeepsie, NY 12601

Visa DSNB/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410 Envoy Plaza Condominum 250 Beechwood Ave. Poughkeepsie, NY 12601

Chase Card Po Box 15298 Wilmington, DE 19850 FirstSource Advantage, LLC 205 Bryant Woods South Buffalo, NY 14228

Citibank / Sears Attn: Centralized Bankruptcy P.O. Box 790040 Saint Louis, MO 63179

Hudson Valley FCU 159 Barnegat Rd Poughkeepsie, NY 12601

Citibank/Best Buy Attn: Centralized Bankruptcv Po Box 790040 Saint Louis, MO 63179

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Citibank/The Home Depot Attn:Centralized Bankruptcy Po Box 790040 S Louis, MO 63129

Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

Nationstar Mortgage LLC 8950 Cypress Waters Blvd Coppell, TX 75019

Credit Control, LLC P.O. Box 31179 Tampa, FL 33631

Navient Attn: Claims Dept Po Box 9500 Wilkes-Barr, PA 18773

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773

Northland Group P.O. Box 390905 Minneapolis, MN 55439